Volunteer Procedure – Following items need to be completed before being Board approved:

- □ Contact Sheet General Information Form
- □ Fingerprints instructions enclosed: website: http://www.nj.gov/education/educators/crimhist
- □ Oath of Allegiance **(must be notarized – can be notarized when forms are returned to District Headquarters)**
- □ Complete Training Sessions (Virtual)
- □ Mantoux Test/Tuberculin results: Any volunteer who works **ten (10) or more hours per week** are required to obtain a Mantoux tuberculin test - (acceptable if done within the past year)

Tanya Dias
Somerville Board of Ed
51 West Cliff Street
Somerville, New Jersey 08876
Telephone: (908) 218-4118
Email: tdias@somervilleschools.org

CONTACT SHEET

Please print neatly.

Name:_____

Address:_____

_____

Telephone #: Home: _____ Cell: _____

Email:_____

Social Security #: _____ DOB: _____

VOLUNTEERING: Please indicate what you are volunteering for: (i.e., Drama Club, Marching Band, Soft Ball, Robotics, etc.)

_____

_____

****

SUBSTITUTE / COACHES / PARAPROFESSIONALS / STUDENT PLACEMENT:

(Please complete the below section also):

College or University Attended: _____

Dates Attended: _____

Degree or Credits:

Degree_____

Certification Holding – Include Expiration Date (if applicable)

County Substitute Certificate: _____

_____

OR

N.J. Permanent License: _____

_____

New Jersey State Department of Education
Office of Certification and Induction

OATH OF ALLEGIANCE / VERIFICATION OF ACCURACY

IMPORTANT: This form is to be completed by only those individuals who are U.S. citizens. See Section B below.

A. Basic Information *Please print your name as it appears on any documentation that you are required to submit*

Last Name | First Name | Middle Name or Initial

Street Address

City | State | Zip

Social Security Number | Date of Birth: Month | Day | Year

Tracking Number

Email Address | Phone Number Including Area Code

Are you applying for the New Charter School Certificates? Circle whichever applies YES NO

Are you a military veteran? Circle whichever applies YES NO

Endorsement Information. Please enter below the code and print the name of each endorsement for which you are applying.

Code | Name of Endorsement

B. Oath of Allegiance *Choose one of the following. This form is to be completed only by those individuals who are U.S. citizens.*

Option I

I, _____do solemnly swear, (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey, and that I will bear true faith and allegiance to the same and to the governments established in the United States and in this State, under the authority of the people, so help me God.

Option II

I, _____do solemnly swear, (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey, and that I will bear true faith and allegiance to the same and to the governments established in the United States and in this State, under the authority of the people.

C. Certification *Failure to complete these items will result in rejection of the candidate's application for certification.*

Circle whichever applies

Have you ever had a certificate revoked or suspended in this or any state?
If yes, enclose a statement indicating the action taken and provide the pertinent details. Yes No

Circle whichever applies

Have you ever been convicted of a criminal offense in this or any other state or any jurisdiction outside of the United States? If yes, enclose a statement indicating the municipality where this occurred and provide the pertinent details. Yes No

D. Verification of Accuracy

I certify that all statements and information provided herein are true and accurate.

Applicant's Signature (in ink) | Date

Sworn and subscribed to before me this _____day of _____, 20_____

Notary Seal | Notary Signature

_____

Once completed, mail the form to:

New Jersey State Department of Education
Office of Certification and Induction
P.O. Box 500
Trenton, New Jersey 08625-0500

Attention: Oath of Allegiance/Verification of Accuracy

Rev 05.20.14