

# NON-STAFF DATA SHEET

## CONTACT INFORMATION

Social Security Number:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Last Name:	First Name:	Middle I.	Date of Birth:
Address:			
City:		State:	Zip Code:
Email Address:			
Cell Phone No:		Home Phone No:	

## EMERGENCY CONTACT INFORMATION

Last Name:	First Name:		
Relationship:			
Address:			
City:		State:	Zip Code:
Telephone No. 1		Telephone No. 2	

(LRES USE ONLY)

Location: \_\_\_\_\_

Clearance Date: \_\_\_\_\_

EID: \_\_\_\_\_

Job Code: NDTWRK  
Emp Code: NDTW

**E A S T O R A N G E S C H O O L D I S T R I C T**  
**DIVISION OF LABOR RELATIONS & EMPLOYMENT SERVICES**

199 4<sup>th</sup> Avenue • East Orange • New Jersey 07017-1026  
Phone (973) 266-5777      www.eastorange.k12.nj.us      Fax (973) 266-1085

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**TUBERCULOSIS SKIN TEST FORM**

Patient Name: \_\_\_\_\_

Testing Location: \_\_\_\_\_

Date Placed: \_\_\_\_\_

Site:            ☐ Right                      ☐ Left

Lot #: \_\_\_\_\_                      Expiration Date: \_\_\_\_\_

Signature (administered by): \_\_\_\_\_                      Administrator's Name: \_\_\_\_\_

(please print)

☐ RN                      ☐ MD

Other: \_\_\_\_\_

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Date Read (within 48-72 hours from date placed): \_\_\_\_\_

Induration (please note in mm): \_\_\_\_\_ mm

PPD (Mantoux) Test Result:    ☐ Negative                      ☐ Positive (If positive, attach a copy of chest x-ray)

Signature (results read/reported by): \_\_\_\_\_                      Reader's/Reporter's Name: \_\_\_\_\_

(please print)

☐ RN                      ☐ MD

Other: \_\_\_\_\_

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**CERTIFICATION:**

NAME OF PHYSICIAN (PRINT): \_\_\_\_\_

SIGNATURE OF PHYSICIAN: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

Medical Facility:  
Stamp Here

\*In order for this document to be valid/acceptable, all sections of this form must be completed AND be stamped by medical facility.



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### **RISK WAIVER AND RELEASE**

I, the undersigned, will be providing my services to the EAST ORANGE BOARD OF EDUCATION ("EOBOE") in the capacity of a/an \_\_\_\_\_

located at \_\_\_\_\_ (*location*) which is part of the East Orange School District in the State of New Jersey.

I am not an employee of EOBOE and will not receive any form of benefits for my services, including but not limited to workers' compensation benefits. I understand that in my activity there is a risk of injury, illness, death, property damage, and other types of loss.

In consideration of the opportunity to render services, I hereby release and forever discharge EOBOE, its Board members, officers, agents, and employees, from any and all claims, costs, liabilities, expenses and judgments whatsoever, including attorney fees and court costs, arising out of my rendering of services.

This release is in effect for the specific activity mentioned above and I understand that any future activity will require a new waiver and release.

**Signature:** \_\_\_\_\_

**Full Name (*Please Print*):** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Activity:** \_\_\_\_\_

EOBOE Authorizing Representative: \_\_\_\_\_

Date: \_\_\_\_\_



# East Orange School District


199 4th Ave, East Orange, NJ 07017

Phone: (862) 233-7300

## MEMORANDUM

Date: July 1, 2023

To: Prospective Volunteer/Non-Staff Personnel

From: Deliris Lorenzo, Director   
Division of Labor Relations & Employment Services

## Criminal History Fingerprinting Procedure

Effective September 1, 2009, all applicants requiring fingerprinting for school volunteer services must use the Live Scan Fingerprinting Service to meet the statutory requirement. The designated vendor for all fingerprinting services is Idemia (*formerly known as MorphoTrust*).

The Criminal History Review Unit has integrated the new IndentoGO NJ Universal Fingerprint Form into their online filing. **The new form will only be available to complete online.**

### Instructions:

1. Go online to the New Jersey Department of Education Web site at:

<https://www.nj.gov/education/crimhist/>

2. Select "File Authorization and Make Electronic Payment for Criminal History Record Check,"
3. Select "New Administration Fee Request (New Applicants Only),"
4. Select "1. All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Students with Disabilities and Charter Schools,"
5. Complete the Applicant Authorization & Certification (AA & C) form and make the required Administrative fee payment,
6. Print your fee payment receipt,
7. Complete the blocks on the IdentoGo form that have not been pre-populated and print the IdentoGo form.
8. Following completion of the online filing, there will be a link to MorphoTrust to schedule your appointment to be LiveScan fingerprinted. You will need the following information:

1)	<b>ORI Number</b>	2F151N ( <i>formerly NJ930100Z</i> )
2)	<b>Category</b>	EDV
3)	<b>Statute Number</b>	N.J.S.A. 18A: 6 – 7.2
4)	<b>Reason for Fingerprinted</b>	DOE Volunteer
5)	<b>Document Type</b>	VB1
6)	<b>Payment Information</b>	\$24.05
7)	<b>Contributor Case #</b>	13-1210

### *Payment Information*

Please be aware that there are **two (2) separate payments\*** for the initial fingerprinting process. Under the current law, you (“the applicant”) are required to pay for the cost of being fingerprinted.

- *First Payment:* The first payment is the “New Administration Fee Request”, charged by The Department of Education, **in the amount of \$11.00 for administrative costs**. This fee must be paid online at

<https://homeroom4.doe.state.nj.us/chr/>

- *Second Payment:* Following completion of the online filing, there will be a link to MorphoTrust to schedule your appointment to be LiveScan fingerprinted. **The current cost of the fingerprinting process is \$24.05.**

*\*Note: The unpaid volunteer, by statute, must be reimbursed for the cost of the processing including any administrative fees.*

### *Appointment Day*

On the day of your fingerprinting appointment, you will be **required** to provide the fingerprint technician with current photo identification. Acceptable forms of identification include:

- Federal/state/country/municipal photo identification card
- Driver’s license (with a photograph)
- Passport

At the time of your fingerprinting, MorphoTrust will screen you by asking relative questions to make sure that you are being fingerprinted for the correct reason. Once scanned, you will be provided with a receipt as evidence of your successful completion of the fingerprint process. **Please forward a copy of this receipt to the Division of Labor Relations & Employment Services.**

### *Post-Fingerprinting*

In about two weeks, you will be able to view and print your “Applicant Approval Employment History” by accessing the Criminal History Review Unit website:

<https://homeroom6.doe.state.nj.us/chrs/app-emp-history>

Please provide our Division with a copy for clearance.

If you have any questions regarding the fingerprinting procedure, please feel free to contact the Division of Labor Relations & Employment Services at (973) 266-5777.