



Office of Religious Education
115 East Delaware Ave.
Pennington, NJ 08534
(609) 737-0122 x5
e-mail: stjamesedu@gmail.com

Dear St. James Volunteer:

In order to volunteer at St. James Church in any ministry involving children you must be fingerprinted.

FINGERPRINTING PROCESS
FOR ALL ST. JAMES VOLUNTEERS WORKING WITH CHILDREN

A) PROCESS:

1. Complete application (*see Adobe Reader attachment*)
2. Schedule your appointment via the web at www.bioapplicant.com/nj . For applicants who do not have web access, appointments can be made by calling toll free (877) 503-5981.



The nearest 'IdentoGo' site for our area is at:

*Parkway Corp. Center,
1230 Parkway Ave, Suite 102
Ewing, NJ*

*Their hours are: Mon-Fri 8:45am-5pm, and
2nd & 4th Sat. of the month 8:45-Noon*

3. **Photo ID & IdentoGo application form is required at time of fingerprinting.**
4. You will be required to make payment when registering on-line by using a credit card or electronic debit from a checking account.

B) REIMBURSEMENT from St. James Church

1. Complete Reimbursement Form (attached)
2. Attach copy of your receipt to Reimbursement form.
3. Return copy of IdentoGo form and Reimbursement form to St. James Rel. Ed. Office.

Thank you for your cooperation

Nancy Lucash
Director of Religious Education



By MorphoTrust USA

New Jersey Universal Fingerprint Form

www.bioapplicant.com/nj

(1) Originating Agency Number (ORI #) NJ920610Z		(2) Category YSB	(3) Statute Number 15A:3A-1		
(4) Reason for Fingerprinting YOUTH SERVING ORGANIZATION VOLUNTEER			(5) Document Type VB1	(6) Payment Information \$24.20	
(7) Contributor's Case # (Unique Identifier) TRE090			(8) Miscellaneous		
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number () -		(13) Social Security Number (Optional)	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address		City	State	Zip	
(21) Gender (Select one) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both		(22) Hair Color	(23) Eye Color	(24) Race (Select One) <input type="checkbox"/> A Asian/ Pacific Islander (includes Asian Indian) <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian / Alaska Native <input type="checkbox"/> W White (Includes Hispanic/ Spanish Origin) <input type="checkbox"/> U Unknown	
(25) Occupation / Position (with respect to Requirement) VOLUNTEER		(26) Employer / Organization Name (with respect to Requirement) St. James Church			
		Employer Address 115 East Delaware Ave.		State NJ	Zip 08534
		City Pennington			
Identification Requirement - Acceptable Identification must be presented at the <u>time of printing</u> . Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/employer), Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).					

Please READ This Form Carefully:

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is **required** that you **present** this completed Universal Fingerprint Form, IDG_NJAPP_020115_V2, at your scheduled appointment.

Appointment Scheduling:

Scheduling is available anytime at www.bioapplicant.com/nj. Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at **1-877-503-5981**, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

Payment:

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

Cancel/ Reschedule:

Appointments may be canceled or rescheduled via the website or the call center **before the deadline of 5PM EST** the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 plus tax (\$10.70) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

Unable to be Fingerprinted:

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG_NJAPP_020115_V2, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 plus tax (\$10.70) appointment fee. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

PCN and Receipts:

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide *duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.*

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information:		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

IDG_NJAPP_020115_V2

ST. JAMES CHURCH
115 E. Delaware Ave.
Pennington, NJ 08534

FINGERPRINT REIMBURSEMENT
REQUEST FOR PAYMENT



Date of Request: ____ / ____ / ____

Name of Payee: _____

Address: _____

City, State, Zip: _____

Amount of check requested: \$ _____

Reason for payment: Reimbursement for Fingerprint Expenses

(sign here)