

Galloway's Youth Protection

Volunteer Background Check Data Bank Information Form

Full Name: _____ D.O.B.: ____/____/____

Home Address: _____

Mailing Address: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Nick Name: _____

E-mail address: _____

What organizations involving children are you affiliated with? (Check all that apply)

- G.T.A.A. P.A.L. Atlantic United Renegades Sharks Rugby
 G.T. Community Services American Legion Fire Department
 Twp. Volunteer Committees Cricket Club AAU Baseball
 Other: _____

Please check all that pertain to you:

- Baseball Softball Soccer Basketball Wrestling
 Football Track & Field Cheerleading Drill Team Volleyball
 Summer Camp Golf Umpire Referee Basketball Official
 Bowling Rugby Cricket Fire Station _____
 Other _____

Office Use Only



Date Applied: _____

Applicant ID #: _____

Payment Authorization: _____

Scheduled Site: _____

Date: _____ Time: _____

Received Receipt: _____

PCN: _____

State Police Recommendation & Date: _____

Recommended Not Recommended

ID #: _____ Mailed: _____

