

2021-2022
Volunteer Packet
(w/No Benefits)



South Amboy Public Schools

240 John Street, South Amboy, New Jersey 08879
Phone: 732-525-2100 • Fax: 732-727-0730

Jorge B. Diaz
Superintendent

www.sapublicschools.com
jdiaz@sapublicschools.com

New Applicant Request

County Code: 23 District Code: 4830

1. Access the Criminal History Review's New Applicant process.
2. Select the first option: "New Administration Fee Request (New Applicants Only)".
3. Enter your Social Security number to ascertain whether you are eligible for the process. Click "Continue."
4. If you are eligible for the process, the screen will display four (4) options as to the job position(s) and employer. Please select the appropriate option and proceed to the next screen.
 - a. All job positions, except school bus drivers and bus aides, for public schools, private schools for students with disabilities and charter schools;
 - b. All school bus drivers and bus aides for public schools, private schools for students with disabilities, charter schools and authorized school bus contractors;
 - c. All job positions, except school bus drivers and bus aides, for nonpublic schools; or
 - d. All school bus drivers and bus aides for nonpublic schools and other agencies.
5. Complete the requested applicant information to include the county/district/school/contractor codes furnished to you by your employer and proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the Applicant Authorization and Certification form (AA&C) by checking the box.
6. Complete the required payment information. There is a \$10.00 administrative fee for the Department to process the request and issue an approval letter. There will also be an additional \$1.00 convenience fee charged by the private vendor, NicUSA for processing the credit card information. Accepted methods of payment are Visa, MasterCard, American Express or Discover credit cards.
7. You **must** click the "Make Payment" button only **one time** to complete the transaction. After completing the transaction, you will be presented with three required steps:
 - a. View and/or print your New Administration Fee Payment Request confirmation page;



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Archive Applicant Request

County Code: 23 District Code: 4830

1. Access the [Criminal History Review Archive process](#).
2. Select the second option: "Archive Application Request (Applicants Previously Fingerprinted for the Department of Education and Approved Subsequent to February 2003)."
3. Enter your Social Security number to ascertain if you are eligible for the process. Click "Continue."
4. Select the appropriate Applicant Authorization and Certification form (AA&C) that is suitable to your job position and employer.
5. Complete the requested applicant information to include the county/district/school/ contractor codes furnished to you by your employer and proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the AA&C by checking the box. Click "Next"
6. Submit your credit card payment. Total payment is \$29.~~75~~ Click "Continue" and then click "Make Payment" at the bottom of the next page.
7. The Payment Confirmation page will state "Your ePayment transaction has been processed successfully." You should print a copy of this receipt.
8. In about two weeks, you will be able to view and print your "Applicant Approval Employment History" by accessing it on the [Criminal History Review Unit website](#). Provide a copy to your employer.



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Transfer Applicant Request

County Code: 23 District Code: 4830

1. Access the **Criminal History Review Transfer process.**
2. Select the third option: **"Transfer Request (Only Substitutes and Bus Drivers are eligible)."**
3. Enter your Social Security number to ascertain whether you are eligible for the process. Click **"Continue."**
4. The screen will display two options:
For all bus drivers **only**
For all other job categories
5. Select the option applicable to the position for which you are requesting the transfer. Complete the requested applicant information, including the county/district/school/contractor-vendor codes furnished to you by your employer and click on the **"Next"** button.
6. Review your information and submit your credit card payment. Total payment is \$6.00 (\$5.00 plus a \$1.00 convenience fee charged by the private vendor). Click **"Continue"** and then click **"Make Payment"** at the bottom of the next page.
7. The Payment Confirmation page will state **"Your ePayment transaction has been processed successfully."** Print a copy of this receipt.

SOUTH AMBOY PUBLIC SCHOOLS

2021-2022 FILE UPDATE

Name (Dr./Mr./Mrs./Miss/Ms.) _____

Street Address _____

City: _____ State _____ Zip: _____

Phone () _____ (PLEASE CHECK [✓] PREFERRED CONTACT #)

Cell Phone () _____ (PLEASE CHECK [✓] PREFERRED CONTACT #)

Email Address: _____

Date of Hire: _____ Date of Birth: _____

#Yrs. in this District: _____ #Yrs. Teaching: _____

Certification(s) Held: _____

**SCHOOL, GRADE & SUBJECT IN WHICH
YOU ARE CURRENTLY EMPLOYED**

_____ M/H School _____ Grade _____ Subject

_____ Elem. School _____ Grade _____ Subject

Your Title: _____ Teacher _____ Administrator

_____ Paraprofessional _____ Secretary

_____ Custodian _____ Other

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Street Address _____ City: _____ Zip: _____

Phone () _____



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Physical for Volunteer

FORM

I agree to conform to Policy # 4212.4 and also agree that all reports will be sent to the Superintendent of Schools and the School Medical Inspector. Upon review by the Superintendent of Schools and the School Medical Inspector, the results will be made available to me.

Name (Signature)

Date

SCHOOL MEDICAL INSPECTOR

Dr. Harold McKenna
305 Main Street
South Amboy, NJ 08879 (732-721-1120)

Dr. Harold V. McKenna, M.D., P.A.
305 Main Street
South Amboy, NJ 08879
Telephone: 732-721-1120

South Amboy Board of Education

Volunteer Physical Information

Date: _____

Physical Exam of _____

I have given _____ a physical exam, Mantoux Test and a urine drug screening in order to determine if _____ is capable of performing his/her duties as a teacher, custodian, secretary or other (circle one).

I have found _____ physically capable of performing his/her duties. He/she has also had a negative Mantoux Test and urinary drug screen.

Harold McKenna, M.D.

SOUTH AMBOY PUBLIC SCHOOLS

Educate. Empower. Lead

2021-2022 SCHOOL CALENDAR

SEPTEMBER 2021 Pupil Days / 18

- 1 - 2 Staff Only - District In-Service (No students)
- 3 School closed
- 6 Labor Day ~ School Closed
- 7 1st day for students
- 21 ES Back to School Night (Early Dismissal ES Only)
- 23 MHS Back to School Night (Early Dismissal MHS Only)

OCTOBER 2021 Pupil Days / 20

- 11 Columbus Day ~ School Closed
- 29 Early Dismissal (Staff In-Service)

NOVEMBER 2021 Pupil Days / 17

- 4 - 5 NJEA Convention ~ School Closed
- 11 Veteran's Day ~ School Closed
- 18 ES Parent Teacher Conferences (Early Dismissal ES Only)
- 22 - 23 ES & MHS Parent Teacher Conferences (Early Dismissal for ES & MHS)
- 24 Early Dismissal
- 25 - 26 Thanksgiving Recess ~ School Closed

DECEMBER 2021 Pupil Days / 17

- 23 Early Dismissal
- 24 - 31 Holiday Recess ~ School Closed

JANUARY 2022 Pupil Days / 20

- 3 School Reopens
- 17 Martin Luther King Day ~ School Closed

FEBRUARY 2022 Pupil Days / 18

- 3-4 ES Parent Teacher Conferences (Early Dismissal ES Only)
- 9-10 MHS Parent Teacher Conferences (Early Dismissal MHS Only)
- 18 - 21 Presidents' Weekend ~ School Closed

MARCH 2022 Pupil Days / 23

- 4 Early Dismissal (Staff In-Service)

APRIL 2022 Pupil Days / 15

- 15 - 22 Spring Recess ~ School Closed
- 25 School Reopens

MAY 2022 Pupil Days / 21

- 30 Memorial Day ~ School Closed

JUNE 2022 Pupil Days / 14

- 16, 20, 21 Early Dismissal (Students)
- 17 Juneteenth (observed) ~ School Closed
- 21 Tentative Last Day of School
- 21 High School Graduation

Total Pupil Days: 183 Total Teacher Days: 185

NOTE: THIS CALENDAR ALLOWS FOR THREE (3) EMERGENCY CLOSING DAYS. IF SCHOOLS ARE CLOSED FOR MORE THAN THREE (3) DAYS FOR ANY REASON, ADDITIONAL INSTRUCTIONAL DAYS WILL BE ADDED IN THE FOLLOWING ORDER: JUNE 20 THROUGH 30. IF MORE THAN 9 ADDITIONAL DAYS ARE REQUIRED, DAYS WILL BE ADDED DURING SPRING BREAK BEGINNING WITH APRIL 22ND MOVING BACKWARD.

- = SCHOOL CLOSED
- = STAFF REPORT~NO STUDENTS
- = EARLY DISMISSAL FOR STUDENTS

ES = Elementary School | MHS = Middle High School

September 2021						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21 ES	22	23 MHS	24	25
26	27	28	29	30		

October 2021						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November 2021						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18 ES	19	20
21	22	23	24	25	26	27
28	29	30				

December 2021						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

January 2022						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

February 2022						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3 ES	4 ES	5
6	7	8	9 MHS	10 MHS	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

March 2022						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

April 2022						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May 2022						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June 2022						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		



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I.D. TAG GUIDELINES

1. I.D. Tags must be worn by all adults from the first bell of the school day through the final bell of the school day.
2. Employees of any Before or After School Program in the schools are expected to wear their tags.
3. If an employee forgets or loses his/her tag, he/she must obtain a generic staff pass from the main office until a new permanent replacement tag is created.
4. In the interest of providing a safe environment for students and staff, it is the expectation of the school district that employees who observe any adult in the school who is not wearing a proper I.D. tag will politely ask the adult to obtain a tag from the main office. Also expected is that a prompt follow-up call to the office is made by the employee to ensure compliance.
5. All new employees are expected to contact your building administrator to arrange for their photo I.D. Tag.

SOUTH AMBOY PUBLIC SCHOOLS

**NEW HIRE QUESTIONNAIRE AND
AUTHORIZATION TO EXCHANGE INFORMATION**

Name: _____

PART I -- CURRENT EMPLOYER

Name of Employer: _____

Contact person: _____

Address: _____

Phone number: _____

Dates of Employment: _____

PART II -- FORMER EMPLOYER(S)

Have you (circle all that apply):

worked for a school in the last 20 years? YES/NO

worked in a position that involved direct contact with children in the last 20 years? YES/NO

If the answer to any of the above two questions was YES, you must complete the below.
Identify all applicable former employer(s). Attach additional sheets as necessary.

Employer: _____

Contact person: _____

Address: _____

Phone number: _____

Dates of Employment: _____

Employer: _____

Contact person: _____

Address: _____

Phone number: _____

Dates of Employment: _____

Employer: _____

Contact person: _____

Address: _____

Phone number: _____

Dates of Employment: _____

Employer: _____

Contact person: _____

Address: _____

Phone number: _____

Dates of Employment: _____

SOUTH AMBOY PUBLIC SCHOOLS

PART III – MANDATORY DISCLOSURES

<p>Have you ever been the subject of any child abuse or sexual misconduct investigation by any employer, State licensing agency, law enforcement agency, or the Department of Children and Families? Note, if the investigation resulted in a finding that the allegations were false or the alleged incident of child abuse or sexual misconduct was not substantiated, you may answer no.</p>	YES/NO
<p>Have you ever been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from any employment while allegations of child abuse or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct?</p>	YES/NO
<p>Have you ever had a license, professional license, or certificate suspended, surrendered, or revoked while allegations of child abuse or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct?</p>	YES/NO
<p>If your answer to any of the foregoing is Yes, you <u>must</u> attach an explanation to this questionnaire.</p>	

Pursuant to applicable law, you are required to be advised that an applicant who willfully provides false information or willfully fails to disclose information required above:

- (1) shall be subject to discipline up to, and including, termination or denial of employment;
- (2) may be deemed in violation of subsection a. of N.J.S. 2C:28-3; and
- (3) may be subject to a civil penalty of not more than \$500 which shall be collected in proceedings in accordance with the "Penalty Enforcement Law of 1999," P.L. 1999, c.274 (C.2A:58-10 et seq.).

The undersigned hereby consents to the disclosure of the information requested herein to the South Amboy Public School District ("District") and authorizes any current or former employer to disclose such information to the District. The undersigned further consents and authorizes the District to seek records relating to the information requested herein from any current or former employer, and authorizes any current or former employer to provide such records to the District. In connection therewith, the undersigned releases the District and any current or former employer, their agents and employees, from and against any liability as a result of the provision and/or solicitation of information and/or records as required by this questionnaire and applicable law.

I, the undersigned applicant, hereby certify that the foregoing statements made by me are true and correct to the best of my knowledge and belief. I am aware if any of the foregoing is willfully false, I am subject to punishment.

Print Name Signature Date