



**MEDFORD TOWNSHIP DEPARTMENT OF RECREATION
17 NORTH MAIN STREET
MEDFORD, NJ 08055
PHONE: 609-654-2512 FAX: 609-654-6536**

Medford Township Department of Recreation ("MTDR") wishes to verify the following person: _____ as a Volunteer Coach pursuant to Medford Township Ordinance 2008-33. In order for Medford Township to be in compliance with the approved ordinance for those people who have been employed as school district personnel, public safety officials and/or medical professionals as established by the Office of Criminal History Review, we must confirm that this candidate has been subject to a New Jersey State fingerprint background check.

Please confirm same by completing the form below.

**TOWNSHIP OF MEDFORD
AFFIRMATION OF BACKGROUND CHECK**

Employee Full Name

Employee Position

Employee Home Address (Street, City, State)

Employee Contact Phone Number

Employee Contact E-Mail

Period of Employment: from _____ to _____

I hereby affirm that the above information provided to the Medford Township Department of Recreation is accurate.

Administrator's Name

Signature of Administrator

Title

Business Name

Phone Number

Date

**Please complete and mail or fax to the attention of
Beth Portocalis, Director of Recreation,
Medford Township,
17 North Main Street
Medford, NJ 08055
FAX: (609) 654-6536**

Thank you for your assistance and cooperation in this matter.