

Galloway Township Youth Protection

Volunteer Background Check Form

**PLEASE COMPLETE AND RETURN THIS FORM TO
GALLOWAY TOWNSHIP COMMUNITY SERVICES**

First Name: _____

Last Name: _____

DOB: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

PCN: _____

OFFICIAL USE ONLY

Date of State Police Authorization Letter: _____

Approved: _____ Denied: _____

Letter to applicant sent on: _____

Expiration Date: _____

Notes:
