



State of New Jersey  
DEPARTMENT OF HEALTH

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www.nj.gov/health

PHILIP D. MURPHY  
Governor

SHEILA Y. OLIVER  
Lt. Governor

JUDITH M. PERSICHILLI, RN, BSN, MA  
Commissioner

**COVID-19 Community Corps Volunteer Security Clearance Form**

INSTRUCTIONS: You must complete this form in its entirety. Do not leave blanks. If something does not apply to you write "does not apply" in the space provided. You must personally complete this application and the oath/affirmation at the end. Incomplete applications are not processed and you will not be permitted to begin volunteer work.

Full Legal Name:

Aliases/Additional Names (to include maiden names):

Date of Birth:

Place of Birth (city, state, county):

Current Address:

Social Security Number:

Telephone Number:

Drivers License (number, state issued and expiration date):

Residential Section:

Please list any and all residences within the last 7 years (to include temporary housing, military/APO locations and college campus housing) starting with most recent:

1.) From \_\_\_\_\_ To \_\_\_\_\_ (write present if it's current residence).

Address:

2.) From \_\_\_\_\_ To \_\_\_\_\_ (write present if it's current residence).

Address:

3.) From \_\_\_\_\_ To \_\_\_\_\_ (write present if it's current residence).

Address:

4.) From \_\_\_\_\_ To \_\_\_\_\_ (write present if it's current residence).

Address:

5.) From \_\_\_\_\_ To \_\_\_\_\_ (write present if it's current residence).

Address:

Criminal History:

Have you ever been convicted of a crime, felony, misdemeanor, disorderly persons or any other offense other than a non-felony driving infraction and violations of local ordinances? NOTE: Records of criminal convictions DO NOT "go away" or "disappear" after a certain amount of time. Unless you have had the record expunged or sealed in a court proceeding you must disclose the conviction.

\_\_\_\_\_ YES \_\_\_\_\_ NO

Please disclose and explain any and all convictions or offenses in and out of state, including the jurisdiction and date of conviction. Please note that the existence of a criminal history record does not automatically exclude you from volunteering for the Department, but false answers and omissions will disqualify you and may subject you to prosecution.

(Attach additional paper if necessary)

OATH:

I, \_\_\_\_\_ do solemnly swear/affirm that the information listed on this application is true, correct and complete and that I have personally completed the application. I understand that any false statement made by me under oath or affirmation when I do not believe the statement is true is a crime of the fourth degree pursuant to N.J.S.A. 2C:28-2(a).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My Commission Expires

Applicant ID Type and Number: \_\_\_\_\_

Notary: Affix seal below: