

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

DATE: \_\_\_\_\_

TO: \_\_\_\_\_ LOCATION: \_\_\_\_\_

FAX: \_\_\_\_\_

FROM: Beth Portocalis, Director of Recreation

**SUBJECT: Criminal Background Check**

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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.

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**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

\_\_\_\_\_  
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.