**NATIONAL SERVICE CRIMINAL HISTORY CHECK (NSCHC)**

**CONSENT & VERIFICATION FORM**

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**,\* agree to the following Criminal History Checks to be performed in order to serve as an AmeriCorps Member or work as an employee with PROGRAM NAME:

* NSOPW Public Sex Offender Check
* Statewide Repository Checks (for State of Service and State of Residence)
* FBI fingerprint-based Check

I am aware that that my identity must be verified with a government issued photo ID. I understand that the results of these checks will be kept confidential, but could affect my eligibility to serve in AmeriCorps or work as staff with PROGRAM NAME. I am aware that I have the right to review the findings.

\*Please include any aliases or names previously used such as maiden names: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Member/Employee Signature Date Parent Signature if applicant is under 18

***Bottom portion to be completed by program staff. Staff should sign after searches have been initiated and completed***

1. **CRIMINAL HISTORY CHECK #1 –** *National Sex Offender Public Website Check*

*(Must initiate and* ***complete******prior*** *to start of service or work.* *You must retain a record of the NSOPW search and associated results either by printing the screen(s) or by some other method that retains paper or digital images of the NSOPW checks, inclusive of the date record for when the search was performed.)*

**Website of source used:**[*http://www.nsopr.gov*](http://www.nsopr.gov)

**\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Initiated Staff Signature Print Name

**\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Completed Staff Signature Print Name

1. **CRIMINAL HISTORY CHECK #2 –** Statewide Repository Checks

*(Must initiate no later than start of service or work)*

**STATE OF SERVICE:** Texas

**Repository Checked: ❑** TX-DPS Public Site (Name-based) **❑** TX-DPS Secure Site (Fingerprint-based) **❑** Other: **\_\_\_\_\_\_\_\_\_\_\_**

**Website of source used:** [*http://www.dps.texas.gov*](http://www.dps.texas.gov/)

**\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Initiated Staff Signature Print Name

**\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Completed Staff Signature Print Name

**STATE OF RESIDENCE (if other than Texas at the time of application):** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Website/Address of source used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Initiated Staff Signature Print Name

 **\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Completed Staff Signature Print Name

**Name of Repository Checked:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CNCS-Designated Repository? Y / N**

1. **CRIMINAL HISTORY CHECK #3 –** *FBI fingerprint-based Check – if member will have recurring access to vulnerable populations. (Must initiate no later than start of service or work)*
2. **Website/Address of source used to complete check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Initiated Staff Signature Print Name

 **\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Completed Staff Signature Print Name

**Name of the person who reviewed the results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Identity has been verified by government issued photo ID . **\_\_\_\_\_\_\_\_\_\_**

Staff Initial

**Based on the results of the National Service Criminal History Checks listed above:**

[ ]  The individual has been deemed eligible to serve in/work with PROGRAM NAME.

[ ]  The individual has been deemed ineligible to serve in/work with PROGRAM NAME.

I also certify that the results of these checks have been kept confidential, that the program has paid for the checks, and that we have allowed the individual the opportunity to review any findings from the checks.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Program Staff Signature Print Name Date Individual Deemed Eligible/Ineligible to Serve