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

**CONSENT 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:

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| Applicant Signature: |  |  | Date: |  |
|  |  |  |  |  |
| Parent Signature if Applicant is under 18: |  |  | Date: |  |