



# Bonner AmeriCorps Background Check Authorization

Check One:

- I authorize The College of New Jersey to conduct the necessary Criminal Background and Sex Offender Registry searches. (Complete the form below and sign and date in ink)
- This is my second concurrent enrollment in AmeriCorps within 30 days. My Criminal Background and Sex Offender Registry checks were completed and are on file from my previous term.

School: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Sex (circle): Male Female Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street Apt #

\_\_\_\_\_ City State Zip Code

Other/Maiden Name(s): \_\_\_\_\_  
Last, First Middle Last, First Middle

List all addresses at which you have resided in the past five years:

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

**This form must be accompanied by a legible copy of a Government-Issued Photo ID.**

(Passport, Driver's License, etc)

*If you are submitting a Birth Certificate as citizenship documentation, you must also submit a government-issued Photo ID.*

I hereby authorize The College of New Jersey to conduct a National Criminal Background Search and a National Sex Offender Public Registry check to determine my eligibility to participate in the AmeriCorps Bonner Leader Program and the results will be maintained at the Bonner Foundation in Princeton, NJ. I understand that the results may be shared with my campus supervisor or site supervisor if necessary and I cannot be left unsupervised with a vulnerable population until the check is completed. In addition, I understand that I will be given the opportunity to challenge the results of the search if need be.

\_\_\_\_\_  
Signed Date

# National Sex Offender Registry Check

I hereby authorize The College of New Jersey to conduct a sex offender registry check, using the information provided below, on the Department of Justice National Sex Offender Registry, [www.nsopr.gov](http://www.nsopr.gov) or through its contracted vendor, Choicepoint.

I acknowledge that in order to participate in the Bonner AmeriCorps Program this sex offender registry check must be conducted in order to comply with the AmeriCorps subgrantee rules as set forth by the Corporation for National & Community Service.

I understand that the information obtained during the sex offender registry check will be used solely for the purpose of determining my eligibility to participate in the Bonner AmeriCorps Program and will remain confidential. I understand that the results may be shared with my campus supervisor or site supervisor if necessary.

I understand that if I am subject to a State sex offender registration requirement, I am deemed unsuitable for and may not serve in an AmeriCorps program, according to the AmeriCorps sub-grantee rules as set forth by the Corporation for National & Community Service.

However, before such determination is made, I will have the opportunity to review and challenge the factual accuracy of a sex offender registry check result.

I have attached a copy of my government-issued photo identification (driver's license, passport, etc.) as proof of my identification.

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

\_\_\_\_\_  
Date

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

*\*If residency at above address is less than one year, please list previous address:*

County \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_