

NJ Commission National Service Criminal History Check Verification Form: Part One-PROGRAM (1 of 4)



Program Name: _____ **Grant Year: 2012-2013**

Applicant's Name: _____ Date: _____

New Jersey Commission AmeriCorps Programs must complete the following required steps when performing National Service Criminal History Checks. The signature of the determining program staff member attests these steps were appropriately completed as part of the program's recruitment process to determine the applicant's eligibility to serve:

1. Verify identity of the applicant through government-issued photo identification: Program staff reviewed and verified the original document of at least one of the following forms of government-issued photo identification: **Please check all that apply.**

State Issued Driver's License
United States Issued Passport

State Issued Identification Card
Public School/University Student ID Card
(Private school or university ID not acceptable.)

2. Obtain written authorization from the applicant to conduct the checks - (No consent is needed to search the NSOPR online registry, because this is a public site: <http://www.nsopw.gov/Core/Portal.aspx>).

3. Document the applicant understands that his or her selection as an AmeriCorps member is subject to the results of the checks.

4. Provide opportunity for review of any findings with the applicant.

5. Keep the information confidential: The program staff will keep the results of this applicant's National Service Criminal History Checks confidential. Results will only be shared on a need-to-know basis with those necessary to verify the applicant's eligibility should he or she be placed as an AmeriCorps member. For example, with an immediate host site supervisor or with the NJ Commission or CNCS staff in the event of a program monitoring compliance check and/or audit.

6. Conduct the checks AND maintain the results of the checks: Programs are required not only to review and verify the original document for each of the required National Service Criminal History Check elements for this applicant, but also to keep copies of the actual results of all the National Service Criminal History Checks in conjunction with this completed form in each file.

7. Ensure that those with pending checks are accompanied when in contact with vulnerable populations. Vulnerable populations include minors, the elderly and individuals with disabilities.

If placed as an AmeriCorps member, this applicant would have recurring access to vulnerable populations:

No, member would be serving in a position without recurring access to vulnerable populations.

Yes, member will be accompanied by an appropriately cleared program staff member OR host site staff

pending the results of the member's national service check. (See attached for accompaniment documentation)

8. Document that you considered the results of the checks in determining an applicant's eligibility to serve:

We, the program staff considered the results of this applicant's national service criminal history checks, in observance of our AmeriCorps program policy, in helping to determine his/her eligibility to serve as an AmeriCorps member. As a result, the applicant was determined to be:

Eligible to serve as an AmeriCorps member with our program.

Ineligible to serve as an AmeriCorps member with our program.

NJ Commission National Service Criminal History Check Verification Form:

Part Two-APPLICANT/MEMBER

(2 of 4)

Signature of Determining Program Staff Member

Date of Determination



Program Name: _____

Applicant's Name: _____

Grant Year: 2012-2013 Date: _____

AmeriCorps Applicant, please read and verify your understanding of the following regarding criminal history requirements for service:

As an applicant for an AmeriCorps position, I consent to a national service criminal history check for my program placement consisting of:

NJ State Police Criminal Registry Check

FBI Fingerprint Criminal History Check

_____ Home State Criminal Registry Check (if applicant resides outside of NJ)

If an out of state applicant, please fill in the name of the home state.

Applicant please read the following statement:

As an applicant for an AmeriCorps member position, I understand and acknowledge that my acceptance as an AmeriCorps member is subject to the positive and/or negative results of each of the above checked National Service criminal history elements. I understand and acknowledge that my refusal to consent to the above checks makes me ineligible to serve. I understand and acknowledge that anyone listed or required to be listed on a sex offender registry is ineligible to serve. I understand and acknowledge that anyone convicted of murder or arson is ineligible to serve. I understand and acknowledge that my failure to disclose or my lying about any convictions prior to the checks being conducted is grounds for making me ineligible to serve.

Furthermore, I understand and acknowledge that National Service Criminal History Checks are only one element of the application screening process for an AmeriCorps position; and that positive results for all National Service Criminal History Checks do not guarantee that I will be placed as an AmeriCorps member.

I understand that if placed as an AmeriCorps member with recurring access to vulnerable populations, I am not permitted to have access to children, persons age 60 and older, or individuals with disabilities without being accompanied by designated staff, while waiting for the results of my required criminal (national and state(s)) checks.

With my signature I verify my understanding of all of the above statements and give my consent to a National Service Criminal History Check as described above:

Signature of AmeriCorps Applicant/Member

Date of Consent
On or before first day of Service Yes
No

You will have the opportunity to review all criminal history clearance results with program staff.



NJ Commission National Service Criminal History Check Verification Form:

NJ State Police Criminal Registry Check (Required by CNCS)

Date of Check _____

No Record Exists

Record Exists, applicant is ineligible to serve as an AmeriCorps member.

Record Exists, but does not render applicant ineligible to serve.

FBI Fingerprint Criminal History Check (Required by CNCS as of April 21, 2011 for those with recurring access to vulnerable populations.)

Date of Check _____

No Record Exists

Record Exists, applicant is ineligible to serve as an AmeriCorps member.

Record Exists, but does not render applicant ineligible to serve.

_____ **Home State Criminal Registry Check (if applicable)**
(If out of state applicant, please fill in the name of the state.)

Date of Check _____

No Record Exists

Record Exists, applicant is ineligible to serve as an AmeriCorps member.

Record Exists, but does not render applicant ineligible to serve.

National Sex Offender Public Registry (NSOPR) Check (required by CNCS)

Date of Check: _____

No Record Exists, applicant is cleared to serve

Record Exists, hits were verified not to be the applicant; he/she is cleared to serve.

Record Exists for applicant, he/she is ineligible to serve as an AmeriCorps member.

Please read the below statement and indicate your understanding and agreement by your signature and filling in the date of review.

I had the opportunity to review the results of my National Service Criminal History Checks (Individual elements indicated on page 1 of this document) with an AmeriCorps program staff member and I understand the results:

Signature of AmeriCorps Applicant/Member

Date



NJ Commission National Service Criminal History Check Verification Form:

Part Three- Staff Accompaniment (4 of 4)

Program Name: _____

Applicant's Name: _____

We understand that if placed as an AmeriCorps member with recurring access to vulnerable populations, members are not permitted to have access to children, persons age 60 and older, or individuals with disabilities without ***being accompanied at all times by designated staff***, while waiting for the results of my required criminal (national and state(s)) checks.

Service Site: _____

Site Supervisor Print : _____ Date: _____

Site Supervisor Signature : _____ Date: _____

Designated staff to accompany member at *all times* until criminal checks are clear

Accompanying Staff Name: _____ Date: _____

Accompanying Staff Signature: _____ Date: _____

I understand that I am prohibited from being in contact with any vulnerable population without the designated person of accompaniment with me until my criminal check results are returned, reviewed and approved for service.

Member Name: _____ Date: _____

Member Signature: _____ Date: _____