National Service Criminal History Check Form

It is CNVS AEAP policy that programs perform a state criminal registry check in the state where the placement site operates **and** the state where the applicant resides at the time of application. An FBI fingerprint check may substitute for the state check requirement, but the NSOPR check must still be performed.

- ✓ **Second Consecutive Term**: If there are less than 30 calendar days between the first AmeriCorps term exit date and the second AmeriCorps term enrollment date, a new criminal history check is not required. However, you still must fill out #4 to #5 in this form as it pertains to the first term criminal history check.

- ✓ **Required for on-time enrollment:** State Criminal Registry/FBI fingerprint check must be at least initiated on or before member enrollment date **and** NSOPR must be completed on or before the member's enrollment date.

1. Member Name:_____ _____ _____
   First Middle Last

2. Program Name: _____Program Year: _____

3. ☐ Check here if the applicant is beginning a second consecutive term in this program and he/she has no more than 30 days break in AmeriCorps service.

4. State Criminal Registry Check (or FBI fingerprint check) was completed on: _____
   Date

   *If state/FBI fingerprint check has been initiated: _____
   Date

   *** If initiated only, you must submit date state/FBI check was completed to CNVS NO LATER THAN 60 days from the member enrollment date.**

5. NSOPR was completed on: _____
   Date

6. Govt. Issued Photo ID: _____ Doc #: _____
   (Passport, driver's license, state IDs, etc. Birth certificates and social security cards are not acceptable documentation)

The program understands that enrollment in CNVS AEAP is contingent on the program's review of the applicant's criminal history (if any), and the program will provide applicants with the opportunity to review and challenge the results before any action is taken. The program has prior, written authorization from the applicant to conduct the state criminal registry check or FBI fingerprint check and is authorized to share the results of that check within the program, as deemed appropriate. The program has in place confidentiality safeguards for any information relating to the criminal history record check, consistent with the authorization provided by the applicant.

The program certifies that it has conducted the required checks in accordance with the **CNVS AEAP National Service Criminal History Check Policy**, has documentation of the results (unless precluded by state law), and considered the results in selecting the applicant for participation in CNVS AEAP.

_____ _____
Signature of Program Director Date

If verified by other program staff, please complete below:

_____
Print Name and Title of Program Staff

_____ _____
Signature of Program Staff Date

INCOMPLETE FORMS WILL NOT BE PROCESSED AND WILL DELAY ENROLLMENT