

Criminal History Check Assurances and Authorizations

Sample checklist

Individual in Covered Position: _____

Application Date: _____

State of residence at point of application: _____

I have verified the identity of the applicant by examining the applicant's government issued photo identification card.

Document examined (circle one): **Driver's License** **State Issued ID** **Passport** **Other:** _____

ID Number: _____

Print Staff name/Signature/Date

I authorize PROGRAM to conduct a check of the National Sex Offender Public Website, a State Criminal Repository Check (in the state in which I reside and the state in which I will serve) and an FBI Check. I authorize appropriate sharing of these results with PROGRAM and that PROGRAM may retain the results of this check in a secure, confidential location.

Volunteer Signature/Date

I understand that selection into the program is contingent upon PROGRAM's review of my criminal history check results.

Volunteer Signature/Date

I understand that I will have a reasonable opportunity to review and challenge the factual accuracy of a result before action is taken to exclude me from the position.

Volunteer Signature/Date

I understand that while the results of the required criminal registry checks are pending I am not permitted to have access to children, persons age 60 and older, or individuals with disabilities without being accompanied by an authorized representative who has been previously cleared for such access.

Volunteer Signature/Date

Level of Check (see below for requirements based on hire/enroll date)	Date Request Initiated	Date Results Received	Required Documentation (documentation should be filed with this form)
Murder Self-Certification			<ul style="list-style-type: none"> • Murder self-certification (https://www.nationalservicerresources.gov/files/national-service-criminal-history-check-self-certification-12-18-2012.pdf)
NSOPW			<ul style="list-style-type: none"> • Print out or screenshot with search date listed • Print out of any hits and adjudication of hits
State Check(s)			<ul style="list-style-type: none"> • Documentation of initiation of check (e.g., mail receipt showing date request were sent) • All components of check results
FBI Check			<ul style="list-style-type: none"> • Documentation of initiation of check (e.g., date candidate was finger printed or mail receipt showing date request were sent) • All components of check results

I have reviewed the findings of my Criminal History check and have discussed the findings with the program manager.

Volunteer Signature/Date

I have considered the results of the National Service Criminal History check in selecting the individual to serve.

Print Staff Name/Signature/Date

Volunteer Service Start Date (including training and orientation): _____

Criminal History Check Overview Chart

This flowchart is designed to support the agency representative in determining which checks are necessary for each of the program volunteers/staff.

