

## **Criminal Record Check Authorization Form**

**NOTE: If your service site “does” require a background check because you will have reoccurring access to a vulnerable population, please have your Site Supervisor complete the Criminal Record Check Verification Form and do not complete this form.**

**In September of 2009, the Corporation for National & Community Service (CNCS) has issued a new regulation that all new AmeriCorps members enrolled on or after October 1, 2009 will need to have a criminal record check completed and reviewed by the Students in Service (SIS) program before a member can be officially enrolled.**

**Member Completes:**

Full Legal Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In connection with my service with AmeriCorps and participation in the SIS Program, I hereby authorize the SIS program to conduct a criminal background check on my behalf. I understand that this check will cover a search of law enforcement and court records and a check of the National Sex Offender Public Registry. Background checks will be done through Employment Screening Services, Inc. (ESS privacy policy can be found at [www.essprivacy.com](http://www.essprivacy.com)). I understand that my ability to serve as an SIS AmeriCorps Member is contingent upon the results of the background check. I understand that failure on my part to consent to the review will result in the cancellation of my enrollment in the SIS AmeriCorps Program. Results are confidential, but may be shared with the Site Supervisor if necessary. The member is entitled to receive and review the information obtained, upon written request. I certify that statements made by me on this form and in my enrollment paperwork are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein could void my eligibility to serve with the SIS Program.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Campus Compact