



## **New Jersey Bonner AmeriCorps Program Prospective Member Criminal History Check Authorization Form**

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**Applicant Name:** \_\_\_\_\_

**Applicant SSN:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_

### **I. Authorization for Criminal History Check**

The Corporation for National and Community Service (CNCS) requires that AmeriCorps members undergo a three-part criminal history check which includes:

- 1) A completed search of the National Sex Offender Public Website;
- 2) A completed search of the CNCS designated statewide repository for the Member's state of residence and the state in which the Member will serve;
- 3) FBI Fingerprinting via Fieldprint

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.

In addition, I understand that per my written request, I will be given the opportunity to review the results of my criminal history check. I also understand that I have the opportunity to challenge the results of the criminal history check.

Criminal history check results will be kept confidential. However, I authorize The College of New Jersey to share the results of my criminal history check with my

Campus Director/Coordinator (if applicable), my Site Supervisor, the staff of the Bonner Foundation, the staff of the New Jersey State Commission on National and Community Service, and the staff of the Corporation for National and Community Service. I understand that the results of my criminal history check may also be viewed by outside auditors from The College of New Jersey and the Corporation for National and Community Service during an authorized audit of the New Jersey Bonner AmeriCorps Program.

I understand that I must be accompanied at all times by an authorized program official when I am in contact (in person contact, phone contact or electronic communication contact) with a member of a vulnerable population (youth under the age of 18, persons over the age of 60 and/or individuals living with disabilities) until my criminal history check is complete. The authorized program official must have successfully passed the criminal history check required by the service site for unaccompanied access to vulnerable populations. Parents/guardians of individual in vulnerable population can also provide accompaniment while the member is awaits the results of required criminal checks.

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

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature (if applicant is under 18 years of age):

\_\_\_\_\_ Date: \_\_\_\_\_