A picture containing drawing

Description automatically generated**National Service Criminal History Check File Form**

**(AL Law Enforcement Agency USERS ONLY)**

MEMBER FILE FORM Insert name of program here

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information** | Last Name | | | | | | First Name | | | | | | | | MI |
| Program Year [20XX-XX] | | Start Date | | | | | | | Service Year:  ❑ 1st Yr. ❑ 2nd Yr. ❑ 3rd Yr. ❑ 4th Yr. | | | | | |
| **Break in Service**  ❑ NA – 1st Yr. Member | Did the applicant serve at this AmeriCorps Program or a different AmeriCorps program?  ❑ **Same Program** ❑ **Different Program** | | | | | | | When was the member’s last day of service? [MM-DD-YYYY] | | | | | | | |
| **SAME PROGRAM:** Is this applicant serving a consecutive term with a break in service **less than 120 days**? ❑ Yes ❑ No | | | | | **DIFFERENT PROGRAM:** When an applicant leaves an AmeriCorps program and begins serving at another program, the program receiving the member must conduct a new, full NSCHC, even if there has been no break in service. | | | | | | | | | |
| **Less than 120 days**, then the previous year’s full NSCHC documentation must be copied over to this file. Copied over ❑ Yes ❑ No | | | | | **Exceeds 120 days or the applicant is from a different AmeriCorps Program, which requires a new, full NSCHC to been completed.** | | | | | | | | | |
| **Verification of Identity**  Name must match the government-issued photo ID used to verify identity | ID Type | | | ID Number | | | | | | | | ID Expiration Date | | | |
| ❑ Photocopy/scan of government-issued ID (driver’s license or passport) is attached behind this document. | | | | | | | | | | | | | | |
| **Statement of Consent**  To be completed by the applicant prior to initiating State (Residence & Service) and FBI checks. | I, , agree to the following Criminal History Checks to be performed in order to serve as an AL AmeriCorps State Member with <<Insert Program Name>>. The checks to be performed are as follows: **1) Statewide Repository Checks (for State of Service AND State of Residence) and 2) FBI Fingerprint-Based Check**. The NSOPW check does not require consent. I am aware that my identity must be verified with a government-issued photo ID and understand that the results of the Statewide Repository Checks and FBI Fingerprint-Based check could affect my eligibility to serve in the AL AmeriCorps State program <<Insert Program Name>>. I also understand that the results of these checks will be kept confidential and that I have the right to review the findings. | | | | | | | | | | | | | | |
| List any aliases or names previously used, such as maiden names | | | | | | | | | | | | | | |
| Applicant Signature  X | | | | | | | | | | | | | Date Signed | |
| Parent Signature [required if applicant is under age 18 at time of enrollment]  X | | | | | | | | | | | | | Date Signed | |
| **--------------------------------------------------------------------------- *OR* ------------------------------------------------------------------------------**  ❑ Check box if other consent form containing signed statement from applicant agreeing to undergo checks and confirming that the applicant understands selection is contingent upon the outcomes of the checks is attached. | | | | | | | | | | | | | | |
| **Alternative Search Procedure (ASP)** | ❑ This individual was cleared using an ASP  **Components Checked by ASP:**  ❑ NSOPW ❑ State (Serv. & Res.) ❑ FBI | | | | ASP Number | | | | | | Year ASP Received | | **COVID-19 ASPs EXPIRE by 08/31/2020** | | |
| **National Sex Offender Public Website (NSOPW) Check**  **Document NSOPW check adjudication;** document that NSOPW results were reviewed and considered and the candidate was cleared to serve **prior to starting service.**  **Date Performed** is when the check was completed. **Date Adjudicated** is when the results were reviewed and considered, and the applicant was cleared. | Website of Source Used | http://www.nsopw.gov | | | | | | | | | | | | | |
| Check the boxes to confirm the following:  If any of these three components are incomplete or missing, then the NSOPW is considered noncompliant. | ❑ Screenshot/printout of NSOPW results that include the **date/timestamp** for when the search was performed **is attached**.  ❑ All states, territories and Indian Country reported in the NSOPW check. If any registries were not reporting at the time of search, documentation that the non-reporting registry was searched directly OR a second NSOPW search was conducted when the missing registry was present **is attached**.  ❑ If NSOPW search returned any results, documentation that shows the candidate is not listed **is attached**. Print and attach list of hits/offenders. A ‘no record found’ result must also be kept.  **Documentation:** **1)** Print the entire list of hits/ offenders, **2)** Note how you are able to tell the hit is not the member (gender, hair color, incarcerated, etc.) next to each hit/offender, and **3)** Initial next to each hit/offender after verifying it is not the applicant. | | | | | | | | | | | | | |
| Date Performed | Staff Signature  X | | | | | | | Staff Name Printed | | | | | | |
| Date Adjudicated | Staff Signature  X | | | | | | | Staff Name Printed | | | | | | |
| Results of Review  ***(choose one)*** | ❑ **Eligible** for service based on results of NSOPW check  ❑ **Ineligible** for service based on results of NSOPW check | | | | | | | | | | | | | |

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| **Define Initiate for Your Program** | | **Initiating** the criminal history checks is one step more than getting consent to conduct the checks. | | | | | | | | | | |
| Program’s Initiation Definition: | | | | | | | | | | |
| **Examples of Initiation:** Fingerprinting. Mailing requests to obtain checks to the state repository. Having official forms for obtaining the required checks filled out by candidates. | | | | | | | | | | |
| **Statewide Repository Checks**  *State and FBI checks initiated no later than 1st day of service*  **Date Completed Defined:** Date when the results are returned to the program. For programs that receive a GOVS Cleared/Not Cleared letter, this will be the Report Received Date by GOVS at the bottom of the clear/not clear letter.  ❑ **Check here if initiation process is the same for State of Residence and Service. Applicant resides in and will serve in AL at time of application.**  **If the same, no need to complete State of Residence section.** | State of **Service**  **ALABAMA** | | | Repository/Resource  ***(More than 1 may be chosen)*** | | | | | | ❑ ASP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ ALEA ❑ GOVS provided results - Clear/Not Clear Ltr. Rcvd. *(non-governmental entities) The letter should be in the member’s file.* | | |
| Program’s Initiation Process | | | | |  | | | | | | |
| Date Initiated | | | | Staff Signature  X | | | | | | Staff Name Printed | |
| Date Completed | | | | Staff Signature  X | | | | | | Staff Name Printed | |
| Results of Review  ***(choose one)*** | | ❑ **Eligible** for service based on results of State of Service check  ❑ **Ineligible** for service based on results of State of Service check | | | | | | | | | |
| State of **Residence** | | | Repository/Resource | | | | | | ❑ Non-Alabama Repository/Resource \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ ASP | | |
| Program’s Initiation Process | | | | |  | | | | | | |
| Date Initiated | | | | Staff Signature  X | | | | | | Staff Name Printed | |
| Date Completed | | | | Staff Signature  X | | | | | | Staff Name Printed | |
| Results of Review  ***(choose one)*** | | ❑ **Eligible** for service based on results of State of Residence check  ❑ **Ineligible** for service based on results of State of Residence check | | | | | | | | | |
| **FBI Fingerprint-Based Check**  *State and FBI checks initiated no later than 1st day of service* | ❑ ALEA Conducted FBI Fingerprint-Based check requirement ❑ GOVS provided results - Clear/Not Clear Ltr. Rcvd.  ❑ ASP Conducted FBI Fingerprint-Based check requirement. | | | | | | | | | | | |
| Program’s Initiation Process | | | | |  | | | | | | |
| Date Initiated | | | | Staff Signature  X | | | | | | Staff Name Printed | |
| Date Completed | | | | Staff Signature  X | | | | | | Staff Name Printed | |
| Results of Review  ***(choose one)*** | | ❑ **Eligible** for service based on results of FBI Fingerprint- Based check  ❑ **Ineligible** for service based on results of FBI Fingerprint-Based check | | | | | | | | | |
| **Accompaniment**  *Required until both State Checks (Residence* ***AND*** *Service)* ***AND*** *FBI Check are returned, completed, and reviewed.* | Level of access during State and FBI check process. ***(choose one)*** | | | | | | | ❑ Accompaniment was **NOT** required | | | | |
|  | All 3 checks were returned/cleared before start of service | | | |
| ❑ Accompaniment was **NOT** required | | | | |
|  | No access to vulnerable populations while checks were pending | | | |
| ❑ Accompaniment **WAS REQUIRED** | | | | |
|  | Member had access to vulnerable populations while checks were pending | | | |
| **Consideration**  **of Results**  ***Governmental Agencies Sign Here***  *To be completed by authorized program staff* ***after*** *all required checks have been reviewed, considered, and completed.*  ***Non-governmental Agencies Here*** | Only Complete **IF AGENCY/ ORGANIZATION IS ABLE** to review Criminal History Check results. I have reviewed and considered the results of the above checks and certify that this individual is eligible for service. *(Governmental Entities Only)* | | | | | | | | | | | |
| Date of Consideration  Click or tap to enter a date. | | | | Authorized Program Staff Signature  X | | | | | | Authorized Program Staff Name Printed | |
|  | | | | | | | | | | | |
| Only Complete **IF AGENCY/ORGANIZATION NOT ABLE** to review Criminal History Check results. The Governor’s Office of Volunteer Services (GOVS) staff has reviewed and considered the results of the State (Residence and Service) and FBI checks with consideration to applicable program conditions/requirements and certified that this individual is eligible for service. In signing below, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that I have received a letter from the GOVS clearing this applicant to serve. *(Non-Governmental Entities Only)* | | | | | | | | | | | |
| Issue Date of Letter from GOVS | | | | | | Authorized Program Staff Signature  X | | | | | Authorized Program Staff Name Printed |