**National Service Criminal History Check Authorization Form**

**Member Completes:**

Full Legal Name

Maiden Name

Permanent Home Address

City, County, State, Zip

Social Security Number Date of Birth

County and state of service site (where you will be serving):

State living in when applying to the Connect2Complete program:

In connection with my service with AmeriCorps and participation in the Connect2Complete (C2C) program, I hereby authorize the C2C program to conduct National Service Criminal History Checks on my behalf. I understand that these checks will include all of the following: 1) National Sex Offender Public Website check, 2) State of Residence Repository and State of Service Repository check(s), and 3) FBI Fingerprint check. Background checks will be completed either through a government agency and/or a private criminal record check screening service. I understand that my ability to serve as a C2C 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 C2C AmeriCorps Program.

Results are confidential, but may be shared with your C2C Program Supervisor if necessary. The member is entitled to receive and review the information obtained, upon written request. If an individual is found to have an offense that potentially excludes them from serving with the program, the individual will have 10 business days from being notified to review and challenge the factual accuracy of the result before action is taken to exclude the individual from the position. Challenges can be directed to their Supervisor.

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 C2C program.

**Also by signing below, I certify that I have not been convicted of murder or a sex offense.**

Member Signature:

Date: