Member Authorization for National Service Criminal History Check

Member Name: _____ _____
First *Last*

Sponsoring Organization (project agency/site name): _____

The Washington Service Corps is required by federal law and AmeriCorps regulations to complete a National Service Criminal History Check (NSCHC) prior to enrolling a member. These checks are required to help ensure the safety of communities served.

This check will entail a search of the National Sex Offenders Registry (NSOPR), Washington Access to Criminal History (WATCH), a check of the state where you lived when you applied for this position, and a fingerprint-based FBI record check.

Any offer of appointment to a WSC AmeriCorps position is contingent upon clearance of all required components of the NSCHC.

- **I allow the Washington Service Corps and its partners to complete a criminal history check; including NSOPR, state, and FBI checks.**
- **I understand that the results of these checks will be maintained by Washington Service Corps and may be shared in the event of an audit.**

Answer the following three questions. Existence of a criminal conviction or juvenile adjudication may or may not, depending on the circumstances, disqualify you from consideration. **However, any false statement on this form may disqualify you from service.**

1. What state did you live in at the time you submitted your AmeriCorps application for this position?
   State of _____

2. Have you ever been convicted as an adult, or adjudicated as a juvenile offender, of any criminal offense by either a civilian or military court, other than minor traffic violations? Include misdemeanors and any offense that led to pre-trial intervention and/or fines other than speeding or parking tickets. Include Guilty pleas as convictions.
   ☐ **Yes** ☐ **No** **If yes, please provide name of offense and date of conviction.** (Use additional pages if needed)

3. Are you currently facing charges for any offense?
   ☐ **Yes** ☐ **No** **If yes, please provide date of offense, name of charges, and status. (Use additional pages if needed)**

I certify that all of the statements made in this authorization are true, correct, and complete, to the best of my knowledge, and are made in good faith. I understand that any intentional misrepresentation or omission will result in disqualification or termination as an AmeriCorps member.

Signature: _____ Date: _____