

**North Dakota State Commission
Criminal History Check Procedures**

Print Name of Applicant: _____

Check one box: AmeriCorps Applicant Program Employee – Grant or Grant Match Funded

Applicant/Employee will have recurring access to vulnerable populations (children age 17 or younger and/or persons age 60 or older, and/or individuals with disabilities): Yes No

Initial / Date

- ____/____ 1. Verified the applicant's identity by documenting the examination (**signing and dating a photocopy**) of their government-issued photo identification (ID)
- ____/____ 2. Obtained prior written consent that is **signed and dated** by the applicant to conduct the state(s) and FBI criminal background checks. (**ND State Commission member agreement template includes consent question on the Acknowledgement Page**) (**Best practice is to include the consent question on the program application**)
- ____/____ 3. Documented the applicant's understanding that their final selection to the AmeriCorps program is contingent upon passing the Corporation for National and Community Service's (CNCS) and organization's policy regarding acceptable criminal history check results. (**In the member agreement**)
- ____/____ 4. Conducted the National Sex Offender Public Website (NSOPW) check before the applicant began work or service, orientation and training, and documented the results with either a dated screenshot or dated screen print, including a dated 'no hits found' result. In the event certain states were not reported subsequent checks were conducted until all states were reported. www.nsopw.gov/
- ____/____ 5. National Sex Offender Public Website: All hits relating to the applicant's name have been resolved. Documentation resolving the hits are also noted by a (**signed, dated and review/clear statement**) on the dated NSOPW screen print and maintained in the applicant/member file.
- ____/____ 6. Initiated the criminal registry check before the applicant began work or service, orientation and training, and documented the initial request and date, the results, and the date the results were received. North Dakota - <https://attorneygeneral.nd.gov/criminal-justice-resources/nd-cjis-portal> and Used (CNCS) designated state sources to conduct the state criminal registry check for North Dakota and for the state that the applicant resides if other than North Dakota. www.nationalservice.gov/resources/criminal-history-check (**Maintaining a dated copy of the fingerprint card is one example of documenting the initiation of the criminal history check process**)
- ____/____ 7. Initiated the FBI fingerprint check before the applicant began work or service including orientation and training, and documented the initial request and date, the results, and the date the results were received. <http://www.fbi.gov/about-us/cjis/identity-history-summary-checks>
- ____/____ 8. Documented by date and signed statement, that the criminal history background check results were received and reviewed and used in making a final determination as to the eligibility of the member to continue service in the AmeriCorps program beyond the pending/accompaniment period.
- ____/____ 9. Maintained the NSOPW and criminal history check results in a secure file to afford confidentiality of any information relating to the criminal history check.
- ____/____ 10. If applicable, provided a reasonable opportunity for the applicant to review and challenge the factual accuracy of a result before official/final action was taken to exclude the applicant from the position. Notification of review opportunity is in the applicant's file.
- ____/____ 11. Ensured that an applicant, for whom required State criminal check and/or FBI fingerprint check results are pending, will only be permitted to have access to vulnerable populations in accordance with CNCS documented accompaniment policies. Subsequently, when state or FBI CHBC results are received the pending member is notified that they are clear to serve without accompaniment.

The undersigned certifies that the items checked above have been completed and complied with in accordance with all related federal and state regulations and procedures

Signature of Reviewer _____ Date _____

Printed Name and Title of Authorized Program Staff Representative