SERVE WISCONSIN

AMERICORPS GRANT-FUNDED STAFF NSCHC CHECKLIST

**PROGRAM YEAR 2018-2019**

|  |  |
| --- | --- |
| Grant-Funded Staff Name: |  |
| Agency/Program Name: |  |
| Name and title of person completing this form: |  |

# 

**National Service Criminal History Check**

Date grant-funded staff person began work that is charged to the AmeriCorps grant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the Criminal History Check Procedure Verification Form complete?  Yes  No

Does the staff person’s service include activities with recurring access to children (17 or younger), or older persons (age 60 plus), or individuals with disabilities? *If yes, then FBI fingerprint check is required.*

Yes  No

Did the program obtain prior, written authorization from the individual for the State registry check, for the FBI criminal history check, and for the appropriate sharing of the results of the checks within the program?

Yes  No

In selecting the staff person, did the program review and consider the background check results?

Yes  No (See Criminal History Check Procedure Verification Form)

Was a Wisconsin state criminal history registry check completed?  Yes  No

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

Was the staff person residing in another state (not Wisconsin) at the time of application?  Yes  No

If yes, list the state of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, was a state criminal history registry check completed for the state the staff person was residing in at time of application?  Yes  No  NA Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was a National Sex Offender Public Website (NSOPW) check completed?

Yes  No Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was an FBI fingerprint check completed?  Yes  No  NA

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

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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