



## Criminal Background Check Authorization

I understand my enrollment and retention as a PCEI AmeriCorps member is conditional upon receipt of a satisfactory state criminal background check or an FBI criminal identification system, and upon a satisfactory report from the National Sex Offender Registry. I understand I have the right to review the factual accuracy of the result before action is taken to exclude me from a position.

I agree to allow an appropriate agency to conduct a criminal background check or obtain a set of my fingerprints for the purpose of conducting a report of criminal felony convictions within the last ten years, as well as any offenses against persons, civil adjudication of child abuse, and a disciplinary board's final decision, and to share the results within the program, as appropriate.

Please indicate (check the box if yes) if you will have recurring access (on more than one occasion, or as a regular part of your service) to a vulnerable population (youth 17 years old and younger, elderly 60 years old and older or individuals with disabilities) during your service term.

Full Name as issued on your government issued ID (**Please attach copy of ID if not already submitted**): \_\_\_\_\_

Any Maiden Name/Alias: \_\_\_\_\_

Birth date: \_\_\_\_\_

SS#: \_\_\_\_\_

Permanent Address \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

State in which you will serve: \_\_\_\_\_

State in which you currently reside: \_\_\_\_\_

**(Defined as the state of residence as indicated on your submitted resume at the time of application.)**

I do not agree.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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