



Public Allies Criminal History Check Consent Form for Public Allies Members and Grant Funded Staff

I, (please print legibly, include middle initial) _____

hereby authorize Public Allies (**Turning the Tide**) to conduct a criminal history background check on me. I understand that selection into the program/hiring by the program is contingent upon the review of my criminal background. I also understand that I will be given an opportunity to review and challenge the factual accuracy of a result before action is taken to exclude me from the program or, if applicable, from this grant-funded staff position. I understand that any information relating to the criminal history check will be kept confidential and will only be shared with Public Allies Site staff, possibly including Host Agency personnel.

Public Allies Applicant Signature: _____ Date: _____

To be completed by Authorized Public Allies staff:

Identity of the above applicant was verified by examining government-issued photo identification.

Both State and NSOPR criminal history checks were performed and the results of the checks (outlined below) were considered in the selection of the applicant.

History checks resulted in no findings.

History check resulted in findings which were considered in the selection process.

Due to findings, applicant **was not** excluded from a covered position (any AmeriCorps Member position or AmeriCorps grant-funded staff position).

Due to findings, applicant **was** excluded from a covered position (any AmeriCorps Member position or AmeriCorps grant-funded staff position).

NSOPR check resulted in no matches.

The NSOPR search produced name-based matches and all returns were checked and determined that there was no match with the applicant. The applicant **was not** excluded from a covered position (any AmeriCorps Member position or AmeriCorps grant-funded staff position).

The NSOPR search resulted in a verified match to the applicant and the applicant **was** excluded from a covered position (any AmeriCorps Member position or AmeriCorps grant-funded staff position).

Authorized Public Allies Staff Signature: _____ Date: _____