

**Serve Wisconsin  
Criminal History Check Procedure Verification Form**

\_\_\_\_\_  
Print Name of Member or Employee

Check one box:       AmeriCorps Member       Grant-funded Employee

Member/Employee will have recurring access to vulnerable populations (children age 17 or younger, individuals age 60 or older, and/or individuals with disabilities) (see Item 8 below):

Yes       No

- 1. Verified the individual's identity by examining her/his government-issued photo identification card, such as a driver's license.
- 2. Obtained prior, written authorization from the individual for the state criminal registry check, FBI fingerprint check, if applicable, and the appropriate sharing of the results of such checks within the program (not necessary for the NSOPR or WCCA checks).
- 3. Documented the individual's understanding that selection for the position is contingent upon the organization's review of the individual's criminal history, if any.
- 4. Ensured that screening practices comply with federal civil rights laws, including Titles VI and VII of the Civil Rights Act of 1964 (and the CNCS implementing regulations under Title VI).
- 5. Conducted the state criminal registry check for Wisconsin and for the other state that the individual resided in at the time of application, if applicable, for this individual. **At minimum, must be initiated before: (1) AmeriCorps member is enrolled and serves hours or (2) before grant-funded employee begins working.**

Date Wisconsin check completed, printed & considered: \_\_\_\_\_

Date other state check is completed, printed & considered: \_\_\_\_\_  Not applicable

- 6. Conducted the National Sex Offender Public Registry (NSOPR) check for this individual and confirmed that all jurisdictions' registries were available at the time of this check. **Must be completed before AmeriCorps member is enrolled and serves hours or before grant-funded employee begins working.**

Date check completed, printed & considered: \_\_\_\_\_

- 7. Conducted the Wisconsin Circuit Court Access (WCCA) check for this individual. **Must be completed before enrolling AmeriCorps member.**

Date check completed, printed & considered: \_\_\_\_\_

WCCA check not applicable because this individual will be a Grant-funded Employee.

- 8. Conducted the FBI fingerprint check for this individual who will have recurring access to vulnerable populations (children age 17 or younger, individuals age 60 or older, and/or individuals with disabilities). **At minimum, must be initiated before: (1) AmeriCorps member is enrolled and serves hours or (2) before grant-funded employee begins working.**

Date check completed, printed & considered: \_\_\_\_\_

FBI fingerprint check not applicable because this individual will not have recurring access to vulnerable populations.

- 9. Verified that the criminal history checks do not report that the individual is registered or required to be registered on a state sex offender registry, and do not report that the individual has been convicted of murder.
- 10. Maintain the results of these checks in a separate and secure file.
- 11. Provided a reasonable opportunity for the individual to review and challenge the factual accuracy of a result before action is taken to exclude the individual from the position.
  - Opportunity to review not applicable; individual not excluded from the position.
- 12. Provided safeguards to ensure confidentiality of any information relating to the criminal history check, consistent with authorization provided by the applicant.
- 13. Considered the results of these checks in selecting the individual for service or employment.
- 14. Ensured that an individual, for whom the results of a required state criminal registry check and FBI fingerprint check are pending, is not permitted to have access to children age 17 or younger, individuals age 60 or older, or individuals with disabilities without being in the physical presence of (check the **applicable** box(es) below):
  - An authorized grantee representative who has previously been cleared for such access.
  - A family member or legal guardian of the vulnerable individual.
  - An individual authorized, because of his or her profession, to have recurring access to the vulnerable individual, such as an education or medical professional.

For checks that were pending, specify date of initiation and type of check (FBI, WI State, Other [Specify] State): \_\_\_\_\_

**OR**

- Item 14 is not applicable because this individual will not have recurring access to vulnerable populations.

**OR**

- Item 14 is not applicable because results of the required state criminal registry check and/or FBI fingerprint check were reviewed and considered prior to the individual starting service (AmeriCorps Member) or beginning work (Grant-funded Employee).

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 and Date

\_\_\_\_\_  
Printed Name and Title of Authorized Program Staff Representative