

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

Print Name of Member or Employee

Check one box: AmeriCorps Member Grant-funded Employee

- Verified the individual's identity by examining their government-issued photo identification card, such as a driver's license.
- Obtained prior, written authorization for the state criminal registry check and the appropriate sharing of the results of that check within the program from the individual (not necessary for the NSOPR or WCCA checks)
- Documented the individual's understanding that selection is contingent upon the organization's review of the individual's criminal history, if any.
- Conducted the state criminal registry check for Wisconsin and for the state that the individual resides in at the time of application, if applicable, for this individual.
- Conducted the National Sex Offender Public Registry (NSOPR) check for this individual.
- Conducted the Wisconsin Circuit Court Access (WCCA) check for this individual. Not applicable for grant-funded employees.
- 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, nor that the individual has been convicted of murder.
- Maintained the results of these checks in a separate and secure file.
- 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.
- Provided safeguards to ensure confidentiality of any information relating to the criminal history check, consistent with authorization provided by the applicant.
- Considered the results of these checks in selecting the individual for service or employment.
- Ensured that an individual, for whom the results of a required State criminal registry check are pending, is not permitted to have access to children, persons age 60 or older, or individuals with disabilities without being accompanied by an authorized program representative who has previously been cleared for such access.

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