

**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. **According to CNCS guidance, this step is accomplished by the Truescreen and Fieldprint services:** 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 applicable for the NSOPW and WCCA checks).
- 3. **According to CNCS guidance, this step is accomplished by the Truescreen and Fieldprint services:** 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. **Through the CNCS Truescreen service,** 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; also reviewed and adjudicated the results. **Must be completed before AmeriCorps member is enrolled and serves hours or before grant-funded employee begins working.**

Date Wisconsin check reviewed and adjudicated in Truescreen: \_\_\_\_\_

Date other state check reviewed and adjudicated in Truescreen: \_\_\_\_\_  Not applicable

- 6. **Through the CNCS Truescreen service,** conducted the National Sex Offender Public Website (NSOPW) 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 reviewed and adjudicated in Truescreen: \_\_\_\_\_

- 7. **Through the CNCS Fieldprint service,** 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). **Must be completed before AmeriCorps member is enrolled and serves hours or before grant-funded employee begins working.**

Date check reviewed & considered: \_\_\_\_\_

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

8. 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.

9. **According to CNCS guidance this is accomplished by the Truescreen and Fieldprint services:**

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 any printed and/or electronic copies of results of these checks securely, separate from other records.

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. According to CNCS guidance for NSOPW, state criminal history, and FBI fingerprint checks, this is accomplished through Truescreen and Fieldprint services.

- Opportunity for individual 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.

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