



**Community Opioid Response Program**

**NATIONAL SERVICE CRIMINAL HISTORY CHECK & IDENTITY VERIFICATION FORM**

\_\_\_\_\_ agrees to the following National Service Criminal History Checks to be performed in order to serve as an AmeriCorps Member or work as an employee with the Colorado AmeriCorps Community Opioid Response Program (CORP):

- NSOPW Public Sex Offender Check
- State of Service Checks (for State of Service)
- State of Residence Check, if applicable
- FBI fingerprint-based Check

I am aware that my identity and citizenship must be verified with a government issued photo ID and a passport or birth certificate (inquire about other options if needed). I understand that the results of these checks will be kept confidential, but could affect my eligibility to serve in AmeriCorps or work as staff with CORP. I am aware that I have the right to review and challenge the findings. I am able to prove upon request my graduation from high school.

My state of residence at the time of AmeriCorps application is/was: \_\_\_\_\_

Please list any aliases or names previously used such as maiden names: \_\_\_\_\_

_____	_____	_____
Applicant/Employee Signature	Date	Parent Signature if applicant is under 18
_____	_____	
Social Security Number	Date of Birth	

*Bottom portion of this form must be completed by program staff. Staff should sign after each component of the search been initiated and completed.*

1. CRIMINAL HISTORY CHECK -National Sex Offender Public Website Check  
{Must initiate and complete prior to start of service or work. You must retain a record of the NSOPW search and a ssoociated results either by printing the screen(s) or by some other method that retains paper or digital images of the NSOPW checks, inclusive of the dote record for when the search was performed.}

Website of source used: <https://www.nsopw.gov/>

_____	_____	_____
Date Initiated	Staff Signature	Print Name
_____	_____	_____
Date Completed	Staff Signature	Print Name



2. CRIMINAL HISTORY CHECK -Statewide Repository Checks (Must initiate no later than start of service or work)

a. STATE OF SERVICE:

Repository Checked: Colorado Bureau of Investigation

Website of source used: www.cbirecordscheck.com

\_\_\_\_\_  
Date Initiated                      Staff Signature                      Print Name

\_\_\_\_\_  
Date Completed                      Staff Signature                      Print Name

b. STATE OF RESIDENCE (if other than Colorado at the time of application): \_\_\_\_\_

Website/Address of source used: \_\_\_\_\_

Name of Repository Checked: \_\_\_\_\_ CNCS-Designated Repository? YES NO

\_\_\_\_\_  
Date Initiated                      Staff Signature                      Print Name

\_\_\_\_\_  
Date Completed                      Staff Signature                      Print Name

3. CRIMINAL HISTORY CHECK – FBI FINGERPRINT-BASED CHECK (MUST initiate no later than start of service) (if Member will have recurring access to vulnerable populations)

Website/Address of source used: 690 Kipling Street, #3000, Lakewood, CO 80215

Agency used: Colorado Bureau of Investigation

\_\_\_\_\_  
Date Initiated                      Staff Signature                      Print Name

\_\_\_\_\_  
Date Completed                      Staff Signature                      Print Name

4. Identity has been verified by government issued photo ID.

\_\_\_\_\_  
Staff Initials

5. US citizenship has been verified by government issued document such as a passport or birth certificate.

\_\_\_\_\_  
Staff Initials



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6. Based on the results of the National Service Criminal History Checks listed above:

\_\_\_\_\_ The individual has been deemed eligible to serve in/work with CORP.

\_\_\_\_\_ The individual has been deemed ineligible to serve in/work with CORP.

I also certify that the results of these checks have been kept confidential, that the program has paid for the checks, and that we have allowed the individual the opportunity to review and challenge any findings from the checks.

\_\_\_\_\_  
Date individual deemed  
Eligible/ineligible to serve

\_\_\_\_\_  
Authorized Program Staff Signature

\_\_\_\_\_  
Print Name