

# College Access Corps

A Washington/Oregon Campus Compact AmeriCorps Program



## Criminal Record Check Authorization Form

(CAC Program Supervisors)

The Corporation for National & Community Service (CNCS) has issued a new regulation that all program supervisors who supervise an AmeriCorps member will need to have the following criminal record checks completed and reviewed by Washington Campus Compact before a program supervisor can supervise a College Access Corps member:

- National Sex Offender Public Registry Check
- State of Service/Residence Criminal Record Checks
- FBI Fingerprint Check

### Program Supervisor Completes:

Full Legal Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

State of residence: \_\_\_\_\_

In connection with my supervision of an AmeriCorps member and my participation in the College Access Corps program, I hereby authorize Washington Campus Compact to conduct a criminal background check on my behalf. I understand that this check will cover all of the following: National Sex Offender Public Registry, State Repository, and/or an FBI fingerprint check. Background checks will be done through the appropriate government agency. I understand that my ability to supervise an AmeriCorps Member is contingent upon the results of the background check. I understand that failure on my part to consent to the review will result in the loss of my eligibility to supervise an AmeriCorps member as part of the College Access Corps program. All results are confidential. Supervisors are entitled to receive and review the information obtained, upon written request.

I certify that statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein could void my eligibility to supervise an AmeriCorps member participating in the College Access Corps program.

Program Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_