



# Bonner AmeriCorps Background Check Authorization

I authorize The Bonner Foundation to conduct the necessary Criminal Background and Sex Offender Registry searches. Check One:

- My School or Service Site has conducted a National Criminal Background and National Sex Offender Registry search and it is on file at \_\_\_\_\_. (A State search does not meet this requirement.) If your school has completed the National Criminal Background and National Sex Offender Registry check, you do not complete this form.
- This is my second concurrent enrollment in AmeriCorps within 90 days. My Criminal Background and Sex Offender Registry checks were completed and are on file from my previous term.

School: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last Name* *First Name* *Middle Name*

Sex (circle): Male Female Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

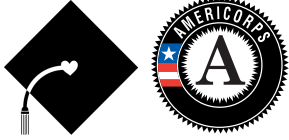
Other/Maiden Name(s): \_\_\_\_\_  
 \_\_\_\_\_  
*Last First Middle Last First Middle*

List all addresses at which you have resided in the past five years:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**This form must be accompanied by a good copy of a photo ID.** (Passport, Driver's License, School ID)  
*If you are submitting a Birth Certificate as citizenship documentation, you must also submit a Photo ID.*

I hereby authorize The College of New Jersey to conduct a National Criminal Background Search and a National Sex Offender Public Registry check to determine my eligibility to participate in the AmeriCorps Bonner Leader Program. I understand that the results may be shared with my campus supervisor or site supervisor if necessary. In addition, I understand that I will be given the opportunity to challenge the results of the search if need be.

\_\_\_\_\_  
 Signed Date



# Bonner AmeriCorps National Sex Offender Registry Check

I hereby authorize The College of New Jersey to conduct a sex offender registry check, using the information provided below, on the Department of Justice National Sex Offender Registry, HYPERLINK "<http://www.nsopr.gov>" or through its contracted vendor, Choicepoint.

I acknowledge that in order to participate in the Bonner AmeriCorps Program this sex offender registry check must be conducted in order to comply with the AmeriCorps subgrantee rules as set forth by the Corporation for National & Community Service.

I understand that the information obtained during the sex offender registry check will be used solely for the purpose of determining my eligibility to participate in the Bonner AmeriCorps Program and will remain confidential. I understand that the results may be shared with my campus supervisor or site supervisor if necessary.

I understand that if I am subject to a state sex offender registration requirement, I am deemed unsuitable for and may not serve in an AmeriCorps program, according to the AmeriCorps subgrantee rules as set forth by the Corporation for National & Community Service.

However, before such determination is made, I will have the opportunity to review and challenge the factual accuracy of a sex offender registry check result.

I have attached a copy of my photo identification (driver's license, passport, etc.) as proof of my identification.

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Signature of AmeriCorps applicant \_\_\_\_\_ Date \_\_\_\_\_

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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County \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

***\*If residency at above address is less than one year, please list previous address:***

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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County \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_