



2024-2025 Criminal History Authorization Form

All background checks are required for all persons listed in the budget section 1 of the grant and must be initiated **BEFORE the start date** (member, staff/site supervisor in budget Section 1 of grant, match or in-kind included)

I hereby authorize _____ to conduct the following required criminal history and background checks. Please select the applicable background check that the program has completed. All individuals who require a background check must have a National Sex Offender check, fingerprinting, and a state background check.

At least one selection is required	<p>1. FBI fingerprint criminal history record information. (Must be initiated BEFORE start date)</p> <p><input type="checkbox"/> Fieldprint <input type="checkbox"/> State Criminal History Check Repository</p> <p>Date Submitted: _____ Date Received: _____</p>
At least one selection is required	<p>2. State background check. (Must be initiated BEFORE start date)</p> <p><input type="checkbox"/> Truescreen <input type="checkbox"/> State Criminal History Check Repository</p> <p>Date Submitted: _____ Date Received: _____</p> <p><i>If the state of residence is different than the state of Illinois, please confirm a background check was completed in the state of residence.</i></p> <p><input type="checkbox"/> Truescreen <input type="checkbox"/> State Criminal History Check Repository (Please indicate the state _____)</p> <p>Date Submitted: _____ Date Received: _____</p>
At least one selection is required	<p>3. National Sex Offender Public Website Registry (NSOPW) (Must be initiated BEFORE start date)</p> <p><input type="checkbox"/> Truescreen <input type="checkbox"/> https://www.nsopw.gov/</p> <p>Date Submitted: _____ Date Received: _____</p>

- I understand this information will be used, in part, to determine my eligibility to serve as a member/staff/site supervisor in this program, and approval to serve the program is contingent upon a review of the information received. If I dispute the record as received, I understand I will have an opportunity to review the criminal history as received by this agency and provide clarification.
- I acknowledge that I have voluntarily provided the above information and I have read and understand this authorization.
- I understand that all persons, regardless of their access to vulnerable populations, are required to be accompanied at all times until all required background checks have been received, reviewed, and a decision tree/memo filed if applicable.

Applicant's Signature

Date
(Must be BEFORE Background Checks Initiated)

Applicant's Printed Name

Program Director Signature

Date

The Program Representative should NOT sign this document until the Serve Illinois Program Officer has approved or denied the request and will then return for program signature.