

Volunteer Florida National Criminal History Check Status Form

This National Service Background Check Status Form must **be completed and submitted to VF Finance Office with the first monthly financial report.** National Sex Offender Public Registry (NSOPR) must be completed prior to any **member or staff** serving with or without accompaniment. Failure to submit this form may result in withholding of reimbursement.

Lead Agency:	
AmeriCorps Program Name:	
Program Director:	
Program Start Date:	

INSTRUCTIONS

1. Please add each staff member (listed in Section A. of budget narrative), funded through AmeriCorps CNCS share or grantee share.
2. Please add each AmeriCorps member for the current program year.
3. Indicate the following:
 - a. If the check has been completed by typing "COMPLETED"
 - b. If the check has been initiated by typing "INITIATED"
 - c. The date the check was completed and/or initiated

Name <i>(Last Name, First Name)</i>	Position Title	Hire/Enrollment Date	FBI Fingerprint Criminal History Check	National Sex Offender Public Registry	State of Residency Criminal History Check
<i>Doe, Jane</i>	<i>Member</i>	<i>9/1/14</i>	<i>COMPLETED</i> <i>9/15/14</i>	<i>COMPLETED</i> <i>8/31/14</i>	<i>COMPLETED</i> <i>9/15/14</i>

Name <i>(Last Name, First Name)</i>	Position Title	Hire/Enrollment Date	FBI Fingerprint Criminal History Check	National Sex Offender Public Registry	State of Residency Criminal History Check

I, _____, certify that this information is accurate and correct. I understand that incorrect information could result in the Commission recouping any costs associated with the individual member or staff in question, including travel costs, training expenses, living allowances, salaries etc.

Signature

Date