

 <p>NATIONAL ASSOCIATION OF Community Health Centers</p>		 <p>Community HealthCorps</p>	<p>Community HealthCorps AMERICORPS ELIGIBILITY VERIFICATION FORM</p>
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Section 1. Member Information

Print Name:	Last	First	Middle Initial
Address (street name and apt. #)		Date of birth (month/day/year)	
City	State	Zip Code	County/Parish
Phone (Daytime)	Extension	Phone (Evening)	Email

Section 2. Emergency Contact Information **In case of an emergency please contact:**

Name	Relationship
Address	Email
Cell Phone	Daytime Phone
	Evening Phone

Section 3. Eligibility

Must keep a copy of the document in applicant's file, except for where prohibited by State law. Please check one:

<p><u>For US Citizens or U.S. National:</u></p> <p><input type="checkbox"/> Birth certificate showing that the individual was born in one of the 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, or the Northern Mariana Islands</p> <p><input type="checkbox"/> A United States Passport</p> <p><input type="checkbox"/> A report of birth abroad of a US Citizen (FS-240)</p> <p><input type="checkbox"/> A certificate of birth-foreign service (FS-545)</p> <p><input type="checkbox"/> A certificate of naturalization (Form N-560 or N561) INS</p> <p><input type="checkbox"/> A Certificate of citizenship (Form N-560 or N-561) issued by the INS</p>	<p><u>For Lawful Permanent Resident Alien:</u></p> <p><input type="checkbox"/> Passport indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence.</p> <p><input type="checkbox"/> Departure record (INS Form I94) indicating the INS has approved it as temporary evidence of lawful admission for permanent residence.</p> <p><input type="checkbox"/> Permanent resident card or Alien Registration Card (Form I-551) issued by INS.</p>
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Section 4. Education **Please check one:**

Member has completed high school or high school equivalency (*copy of supporting documentation [i.e. diploma or transcripts] is required to be kept in member's file for programs in CA and TX*).

Member has **not** completed high school or high school equivalency, but will complete prior to ending his/her term of service and accessing the education award. Member has agreed not to use any of the Eli Segal Education Award that he/she will earn until he/she has obtained a high school diploma or high school equivalency certificate; and member has not dropped out of elementary or high school to enroll as an AmeriCorps member. *Program Director - Submit this form to NACHC via Help Desk so that we may follow up.

Section 5. Age and Consent **Please check one:**

Member is 18 years of age or older Member is under 18 years of age (written consent by parent/legal guardian required)

In order to verify and certify age, a copy of one of the following must be kept in applicant's file, except for where prohibited by State law.

Please check one:

<p><input type="checkbox"/> Driver's license</p> <p><input type="checkbox"/> A United States Passport</p> <p><input type="checkbox"/> A report of birth abroad of a US Citizen (FS-240)</p> <p><input type="checkbox"/> A certificate of birth-foreign service (FS-545)</p>	<p><input type="checkbox"/> Birth certificate showing that the individual was born in one of the 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, or the Northern Mariana Islands</p>
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Section 6. Member Contract

Member has completed and signed a Member Contract prior to commencing service. Member understands that he/she may not begin earning service hours until his/her Contract has been fully signed and executed.



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Section 7. National Service Criminal History Check PERMISSION

Copy of both NSOPR and Criminal Registry searches is required in the applicant's file, unless otherwise prohibited.

Government issued PHOTO ID Used to Verify Applicant

One of the following forms of identification is acceptable: State drivers' licenses, non-driver photo IDs issued by States' Department of Motor Vehicles, and/or federally-issued photo IDs, including official passports

Document Title: _____ Issuing Authority: _____

Document #: _____

Applicant authorizes the program to conduct a National Service Criminal History Check, as well as authorizes the program to share the results of that check within the program, as appropriate. Member understands that he/she will have an opportunity to review and challenge the factual accuracy of a result before action is taken to remove or exclude them from this position.

A National Sex Offender Public Registry Search has been conducted for this individual. This individual is:

___ Eligible to serve ___ Ineligible

*Note: If a name similar to the applicant's name appears in the results, you must indicate on the results that the individual is not the same person who applied to your program.

*Individual may serve in a training capacity pending the completion of **Section 9**, verification that the individual had no Criminal History results which would prohibit participation in the AmeriCorps program.

Section 8. Publicity Release Form

Check here if you do not wish to agree to publicity release.

Member hereby authorizes Community HealthCorps, _____ (program sponsor site), the National Association of Community Health Centers (NACHC) and the Corporation for National and Community Service (CNS) to copyright, publish, use, sell, or assign any and all photographic pictures, videotapes and/or sound recordings taken or made of him/her, or in which he/she may be included in whole or part, without compensation to member. Member grants permission to allow these images and/or recordings to be put to legitimate use at the discretion of the program. Member relinquishes all rights, titles or interest to any furnished products, reproductions or facsimiles.

Section 9. National Service Criminal History Check VERIFICATION

A criminal registry search (State and/or FBI) has been conducted for this individual. Using our organization's criterion for determining eligibility, this individual is: ___ Eligible to serve ___ Ineligible

*Note: With the potential for false positives, it is essential that all programs safeguard an individual's personal information and give the individual the opportunity to challenge any adverse findings that may surface.

The official results of the National Service Criminal History Check will be kept on file, except where prohibited by State law.

Please sign below once Sections 1-8 have been completed. These signatures provide authorization prior to the return of the results of a criminal history check

MEMBER CERTIFICATION - I attest under penalty of perjury, that I have provided authentic document(s) to the Community HealthCorps program and that all responses are true to the best of my knowledge.

Member Signature _____ Date (month/day/year) _____

CERTIFYING OFFICIAL VERIFICATION - I attest under penalty of perjury, that I have examined the document(s) presented by the above named member, that the above listed document(s) appear to be genuine and are related to the member named.

Certifying Official Signature _____ Date (month/day/year) _____

PARENT OR LEGAL GUARDIAN CONSENT (if applicable)

Not applicable, applicant/member is 18 or older.

serve. I authorize the program to conduct a National Service Criminal History Check on this applicant. I authorize the Publicity Release as described in Section 9.

Name of Person Giving Consent: _____ Relationship to Member: _____

Signature: _____ Date: _____



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Please sign below once Section 9 has been completed, indicating the results of a criminal history check have been received and considered.

MEMBER CERTIFICATION - I have completed a criminal history check and have reviewed the results of the check. I understand that the results will be considered regarding my eligibility to participate in the program, and the program has provided me with an opportunity to challenge any adverse findings.

Member Signature _____

Date (month/day/year) _____

CERTIFYING OFFICIAL VERIFICATION - The member has completed a criminal history check and has been given an opportunity to challenge any adverse findings. Findings have been considered with regards to the applicants eligibility to serve in the program.

Certifying Official Signature _____

Date (month/day/year) _____