**2023-2024 AmeriCorps**

**Non-Member File Checklist**

All staff listed in Section 1 of the program budget (regardless of grant or match) must have the following items in their file. MCSC and CNCS staff may request these documents at any time.

|  |  |  |
| --- | --- | --- |
| **1.** | Staff person’s name: |  |
| **2.** | Start date: |  |

**Proof of Age and Citizenship**

☐ Photo ID that includes the staff person’s photo, residency, and birth date

☐ Citizenship verification (passport, birth certificate, naturalization documentation)

**Criminal History Checks**

☐ National Sex Offender Registry Check (all states/territories included in the check with a date prior to employment start (unless employed prior to the requirement, then dated once requirement became applicable))

☐ MCSC Criminal History Check Authorization and Results Form completed and in file

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☐ MSHP clearance form (required for programs that use MSHP as a repository)

If the National Sex Offender Registry Check returns hits, has the program noted that the hits were not the Staff person?

☐ FBI fingerprint check (results dated prior to employment start (unless employed prior to the requirement, then dated once requirement became applicable))

☐ Missouri state check (results dated prior to employment start (unless employed prior to the requirement, then dated once requirement became applicable))

☐ Other state check (if staff person’s state of residency is not Missouri and the staff person is not a full time student at a Missouri college/university)

(results dated prior to employment start (unless employed prior to the requirement, then dated once requirement became applicable))

☐ Are all hits adjudicated? (documentation should be present that shows the programmed reviewed all hits prior to employment (unless employed prior to the requirement, then dated once requirement became applicable))

**8. Records Checked**

***(a) State Checks***

|  |  |
| --- | --- |
| **Missouri Name-based Check:**  | Source:  |
| Initiation Process:  |
| Date Initiated:  | Date Completed:  |
| **State of Residence (if applicable):**   | Source:  |
| Initiation Process:  |
| Date Initiated:  | Date Completed:  |

***(b) FBI Fingerprint Check***

|  |  |
| --- | --- |
| Date Initiated:   | Date Completed:  |
| Initiation Process:  |

**9. Adjudication of Results (check one)**

☐ I, the undersigned, do hereby certify that I have reviewed and considered any results of the above checks and certify that this individual is eligible for work or service. All check documentation including results and adjudication documentation have been placed in the candidates file.

☐ I, the undersigned, do hereby certify that I have reviewed and considered any results of the above checks and certify that this individual is ineligible for work or service. All check documentation including results and adjudication documentation have been placed in the candidates file.

|  |  |
| --- | --- |
| Program Official Name: |  |
| Program Official Title: |  |

Program Official Signature Date (Must be prior to start of service)