ATEAM NSCHC Consent

I, _____ (*PRINT NAME*), understand that participation in national service requires a candidate to undergo a National Service Criminal History Check process, or NSCHC. My signature below affirms my willing consent for ATEAM to conduct searches, using my legal name, of required criminal history components[1]. Further, I attest that the information contained herein is truthful, and acknowledge that receiving a formal offering to participate in national service is contingent on results of the NSCHC.

I accept that, per the National Service Act, a component result with any criteria below renders me ineligible for service:

1. Being registered, or being required to be registered, as a sex offender
2. Being convicted of murder
3. Making a false statement concerning my criminal history

I accept that, per ATEAM determination, a component result with any criteria listed below renders me unsuitable for service:

1. Being convicted of a drug offense
2. Being convicted of a violent offense, per KRS 17.165
3. Any felony offense
4. Being listed in the Cabinet for Health and Family Services' Child Abuse and Neglect Central Registry, or CAN Check
5. Any other conviction determined by ATEAM to have a reasonable relationship to a candidate's ability to perform service

I refuse to undergo an NSCHC process, and accept that I will be ineligible for service: ☐

I approve this Consent to apply for any future NSCHC processes required.

Verification of Identity

I authorize ATEAM to make an electronic and/or photographic copy of my government-issued photo identification (ID).

Legal Name: (Please provide your ID to ATEAM Program Staff to make a copy for verifying the information below)

FIRST LAST

AKA / Aliases / **Maiden** / Nickname(s): _____

Social Security Number: ☐☐☐ - ☐☐ - ☐☐☐☐

ID Number: ☐☐☐☐