

**Authorization to conduct criminal records check and
National Sex Offender Registry check**

I certify that I, _____,
_____ AmeriCorps HOPE Host Site Supervisor Applicant
_____ AmeriCorps HOPE Member Applicant

hereby give full authorization to Oregon Department of Human Services to conduct a criminal records check and a National Sex Offender Registry on me, and understand that satisfactorily passing these background checks is a requirement to serve in this position with AmeriCorps HOPE.

Signature
Name (Printed) _____
Host Site name _____

Date