



AMERICORPS ENROLLMENT FORM



Completion of this form is required to enroll an AmeriCorps member in the National Service Trust, making the member eligible for an education award upon successful completion of his or her term of service. It also provides the Corporation for National and Community Service with basic demographic data.

DIRECTIONS TO MEMBER:
1. Use blue or black ink.
2. Print clearly.
3. Please complete and sign Part 1 and Part 2.
4. Return the completed form to your **Program Director**.

PART 1 Member: Please Complete and Sign

1. **Name** _____
Last First MI
2. **Date of Birth** _____ **3. Social Security Number** _____
Month Day Year

4. **Citizenship Status** I am a U.S. Citizen or National * I am a Lawful Permanent Resident Alien of the United States **
*Citizens of the US include persons born in Puerto Rico, Guam, the US Virgin Islands, and the Northern Mariana Islands. Nationals of the US include persons born in America Samoa, including Swains Island.

**Generally, you are a Lawful Permanent Resident Alien of the US if you are a US permanent resident with (i) a Permanent Resident Card, INS Form I-551; (ii) an Alien Registration Receipt Card, INS Form I-551, (iii) a passport indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence; or (iv) an I-94 indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence. NOTE: A student visa does not confer eligibility to enroll in an AmeriCorps program.

5. **High School Status:** I have received a high school diploma or its equivalent
OR
 I agree to obtain a high school diploma or its equivalent before using my education award, and I did not drop out of elementary or secondary school to enroll in the program.

6. **Males 18-26 years old not yet registered with the Selective Service System:** If you would like the Corporation for National and Community Service to provide the information on this page to the Selective Service System so that the agency may register you, please check this box.

7. **Current Address** (All information will be sent to you at this address until you notify the Corporation of a change of address.)
Number and Street _____
City _____ State _____ Zip Code _____
Email Address _____
Home Phone _____ Business Phone _____ Ext _____

8. **Permanent Address** (Name and address of person through whom you can always be reached once you leave the program.)
Last _____ First _____ MI _____
Number and Street _____
City _____ State _____ Zip Code _____
Email Address _____
Home Phone _____ Business Phone _____ Ext _____

9. Have you ever previously enrolled in an AmeriCorps program? No Yes . If Yes, how many times: _____
10. Have you ever been released 'for cause' from a term of service by this or any other AmeriCorps program? No Yes .

By signing this enrollment form I agree, if asked, to provide information to verify the accuracy of my completed form. I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C., exclusion from participation in federal programs, and forfeiture of benefits I may receive as a result of my enrollment or other actions authorized by the Civil Fraud Remedies Act.

Member's Signature _____ **Date** _____

PART 2**Member: Please Answer the Following Questions****1. What is your gender?**

- Female
 Male

2. Are you registered to vote?

- Yes
 No
 Not sure
 Not eligible
 Prefer not to respond

3. (Optional) Which of the following categories best describes your racial or ethnic origins? (Mark one or more from A and one from B)**A. Race**

- American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 Black or African American
 White
 Asian
 Other

B. Ethnicity

- Hispanic origin
 Not of Hispanic origin

4. Which one of the following best describes your marital status?

- Single, never married
 Married, living with husband/wife
 Married, not living with spouse/legally separated
 Widowed
 Divorced
 Prefer not to respond

5. What is the highest level of education you have completed?

- Less than high school completed
 GED
 High school graduate
 Technical school/apprenticeship/vocational
 Some college
 Associates degree (AA)
 College graduate
 Some graduate school
 Graduate degree
 Professional degree (medical, law)

6. Do you have a disability?

- Yes (Specify: _____)
 No
 Prefer not to respond

7. Are you a veteran of the United States Armed Forces?

- Yes
 No

8. What are the two most important reasons why you decided to join this program?

- To get an education award
 To help other people/perform a community service
 To be part of a national movement
 To get a job/earn money
 Friends have joined
 To make friends
 To learn about or work with different ethnic/cultural groups
 Parents/teachers wanted me to join
 To explore future job/education interests
 To get involved in health issues
 To get involved in education issues
 To get involved in environment issues
 To get involved in public safety issues
 Other (Specify: _____)

9. How did you hear about this program? (Mark all that apply.)

- Article
 Advertisement in a newspaper/magazine
 Guidance counselor/teacher
 Parent/relative
 Current or former AmeriCorps Member
 Friend told me/friend applied
 TV commercial
 Radio commercial
 The internet
 AmeriCorps recruiter/representative
 Received information in the mail
 AmeriCorps program poster
 Other (Specify: _____)

10. Privacy Act Information Release

- Yes, I give the Corporation for National and Community Service permission to release my name, address, email and telephone number to the AmeriCorps alumni association.

Public reporting burden -- Estimated time to complete this form, including time for reviewing instructions and gathering and providing the information needed to complete the form, is 3 minutes for the Member section and 4 minutes for the Certifying Official section. Send comments regarding this burden or the content of this form to: Corporation for National and Community Service, National Service Trust, 1201 New York Avenue, NW, Washington, DC 20525. The Corporation informs the potential persons who are to respond to this collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number on this page of the form (see 5CFR 1320.5(b)(2)(1))

Privacy Statement -- In compliance with the Privacy Act of 1974, the following information is provided. The collection of this information is authorized by the provisions of the National and Community Service Act as amended by the National and Community Service Trust Act of 1993. The primary purpose of the information is to obtain from AmeriCorps program representatives their data to successfully enroll a member in a term of service and the education award program. The evaluative information will help the Corporation improve its programming and services to members. Except as indicated here, information will not be disclosed outside the Corporation without written permission. The Internal Revenue Service has determined that the education award is taxable in the year it is used. Your Social Security Number (SSN) is solicited under the authority of the Internal revenue Code (28 U.S.C. 6011© and 6109) for use as a taxpayer identification number. Failure to disclose the SSN or any other information may result in a denial of your receiving an education award or it may delay the processing of your education award. In furtherance of the Corporation's efforts to ensure that the programs are inclusive of persons with disabilities, your Social Security Number may be released to the Social Security Administration to measure aggregate statistical data on the number of AmeriCorps members receiving disability-based benefits. If you do not wish your personal information to be included in this research, mark "prefer not to respond" under question 6.

For Official Use Only

Member Social Security Number _____

DIRECTIONS TO CERTIFYING OFFICIAL:

- 1. Use blue or black ink.
- 2. Please complete and sign Part 3.
- 3. Print clearly.
- 4. If you are using WBRS or eSPAN, please provide the form to whoever enters data into that database for your program.

PART 3

Certifying Official: Please Complete and Sign

This section must be signed by an authorized certifying official. The program must designate certifying officials.

1. Type of Enrollment (Mark only one.)

- Full-time (1700 hours per year or 365 days for VISTA)
- Half-time (900 hours in up to 2 years)
- Reduced half-time 675 hours
- Quarter time 450 hours
- Minimum time/Summer 300 hours

2. Is the member enrolling in an AmeriCorps education award only position (i.e. received no Corporation-funded living allowance or benefits)?

- Yes
- No

3. Will the member receive a living allowance?

- Yes
- No

4. Date of Enrollment: _____

mm/dd/yyyy

5. Type of Program

- AmeriCorps National Direct
- AmeriCorps State
- AmeriCorps Tribe
- AmeriCorps Territory
- AmeriCorps National Civilian Community Corps
- AmeriCorps Education Award Program
- AmeriCorps Promise Fellows
- AmeriCorps America Reads
- AmeriCorps Governor's Initiative
- Other (Specify): _____

6. Program Information

Name of Program or AmeriCorps NCCC Campus _____

Operating Site I.D. Number _____

Number and Street _____

City _____ State _____ Zip Code _____

Business Phone _____ Ext _____

Signature of Certifying Official _____ Date _____

Name of Certifying Official (Please Print): _____

I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C.