



AMERICORPS MEMBER APPLICATION

Your World. Your Chance
To Make It Better.



APPLY TODAY!

AmeriCorps.gov



Thousands of Opportunities Await. Apply Today!

To learn more about AmeriCorps and each of the programs, visit **AmeriCorps.gov**. Or call the AmeriCorps hotline at **1-800-942-2677** (TTY **1-800-833-3722**).

Print out and use this application OR go to the My AmeriCorps Portal and apply online ***<https://my.americorps.gov>***

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE APPLICATION

- This application may be used to apply for AmeriCorps State, National, NCCC and VISTA programs. However, if you are applying to an AmeriCorps State or AmeriCorps National program, you should first check with the program to see if it requires additional or alternate forms. To determine specific application requirements, visit the AmeriCorps website at **AmeriCorps.gov** or call 1-800-942-2677.
- If you're applying to more than one AmeriCorps program, complete the entire application except for question 11 and the final "Certification" Section. Make one copy of the application for each program. Then, answer question 11 and sign each copy separately before mailing.
- You may use additional sheets of paper to provide more detailed information that will not fit on this application form. Enclose everything in the final application packet that you submit.
- Two reference forms are enclosed in this packet. They are an important part of your application and must be submitted with your application. Your application cannot be considered without references. If you are applying to multiple programs and using the same person as a reference, please remind them to make multiple copies after completing the reference form.
- Make a copy of your application for your personal records before you send it in.
- Send your application to the right place. Please refer to the back cover for instructions.
- This publication is available upon request in alternative formats for people with disabilities. Call 1-800-942-2677; TTY: 1-800-833-3722.

Public reporting burden for this collection of information is estimated to average 1.25 hours per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the form. Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, 1201 New York Avenue, NW, Washington, DC 20525. The Corporation informs people who may respond to this collection of information that they are not required to respond to the collection of information unless the OMB control number and expiration date displayed on page 1 are current and valid. (See 5 C.F.R. 1320.5(b)(2)(i).)

AMERICORPS APPLICATION

PERSONAL PROFILE

1. **NAME:** _____
LAST FIRST MIDDLE

Preferred Name _____

2. AmeriCorps members must be a United States citizen, U.S. national or lawful permanent resident. Are you a United States citizen, national, or lawful permanent resident alien? Yes No

If you are a lawful permanent resident alien and you received your card after January 1987, what is your registration number and card expiration date? _____

*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) a Departure Record (INS Form 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."

3. **FINAL FOUR NUMBERS OF SOCIAL SECURITY NUMBER:** _____

You will provide your full social security number later in the process.

4. **DATE OF BIRTH:** _____
MONTH/DAY/YEAR

5. **PLACE OF BIRTH:** _____
CITY/STATE/COUNTRY

6. **GENDER:** Male Female

7. **Earliest date you are available to begin service:** _____
MONTH/DAY/YEAR

Latest date available _____

8. **CURRENT ADDRESS:** All information will be sent to this address unless you notify us of a change.

NUMBER AND STREET (IF POSSIBLE, INCLUDE A NUMBER AND STREET ADDRESS WHEN USING A P.O. BOX)

CITY STATE ZIP CODE

Preferred Phone (_____) _____ Other Phone (_____) _____

E-Mail _____

Preferred method of communication phone email

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9. Are you moving within the next six months? Yes No If yes, when*? _____

*Please notify us of new address at time of move.

MONTH/DAY/YEAR

10. **PERMANENT ADDRESS** (if different than above): Please give the name and address of a person _____ through whom you can always be reached:

Name: _____ Relationship: _____
FIRST LAST

NUMBER AND STREET (IF POSSIBLE, INCLUDE A NUMBER AND STREET ADDRESS WHEN USING A P.O. BOX)

CITY STATE ZIP CODE

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ E-Mail _____

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11. Which AmeriCorps program are you applying to? Check only one. If you are applying to more than one AmeriCorps program, fill this in after you copy your application. Enter the program information on each application.

AmeriCorps NCCC (National Civilian Community Corps)

Members ages 18 to 24 serve in a 10-month team-based residential program to complete a variety of service projects in the areas of education, disaster services, the environment, and other unmet needs. Members often travel to projects throughout their region.

Fall Class (September/October start dates) Winter Class (January start dates)

AmeriCorps VISTA (Volunteers in Service to America)

Members who are at least 18 years old provide indirect service through private organizations and public nonprofit agencies, addressing issues related to poverty—such as financial security, homelessness and helping, disadvantaged youth, community development, and employment—by developing and mobilizing resources that create long-term sustainable benefits at a community level.

Program Name _____

Program Address _____

AmeriCorps State and National

Members who are over the age of 17 serve either in teams or individually through national and community-based private and public organizations. Members help solve community problems through direct and indirect service in the areas of education, public safety, the environment, and other human needs, such as health and housing.

Program Name _____

Program Address _____

EDUCATION

12. Check the highest level of education that you will have completed by the time you are planning to serve in AmeriCorps. (Check only one.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Associate's degree (AA) | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> Some college | <input type="checkbox"/> Some Graduate |
| <input type="checkbox"/> Technical school/Apprenticeship | <input type="checkbox"/> College Graduate | |
| <input type="checkbox"/> GED | <input type="checkbox"/> Professional Degree (medical, law) | |

13. List all schools after high school that you have attended, including trade or technical schools, military training and employment training programs.

Name of School (List most recent first)	Location of School (City/State)	Dates Attended		Major or Area of Study	Type of Degree or Certificate	Date Received or Expected
		From Mo./Yr.	To Mo./Yr.			
A. _____						
B. _____						
C. _____						
D. _____						

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COMMUNITY SERVICE (Previous service is not always a requirement.)

14. Please provide a description of why you volunteer. Describe how you have reached out to help others and/or how you have been involved in your own community. Please explain why you serve or get involved and what you have learned through your community service activities. Think in broad terms. Your involvement could include serving in the neighborhood; school; faith, social, or professional groups. (200 characters maximum)

Please list the organizations with which you have been involved to perform community service.

A. DATES OF INVOLVEMENT: From: _____ To: _____ Hours per mo.: _____
MONTH/YEAR MONTH/YEAR

Organization Name: _____ Location: _____ Phone: _____

Description of Involvement: _____

B. DATES OF INVOLVEMENT: From: _____ To: _____ Hours per mo.: _____
MONTH/YEAR MONTH/YEAR

Organization Name: _____ Location: _____ Phone: _____

Description of Involvement: _____

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MOTIVATIONAL STATEMENT

15. We would like to understand more about you and your reasons for applying to AmeriCorps. Please share with us why you would like to serve with the AmeriCorps program. If you need additional space, attach a separate piece of paper and limit your total response to 500 words.

EMPLOYMENT

16. Beginning with the most current or most recent position, list and briefly describe the last four positions you have held or your last ten years of employment. Begin with the current or most recent and go back ten years. Include self-employment, internships/fellowships, home management, and full- or part-time paid or unpaid work experience. (You may attach a resume instead if it addresses the information requested below.)

NAME AND ADDRESS OF EMPLOYER	DATES	JOB TITLE AND DUTIES
A. Organization, City/State: _____ _____ Supervisor: Phone and email _____	From: ____/____ MO./YR. To: ____/____ MO./YR. Hrs./week: _____	Title: _____ Duties: _____ _____ Reason for leaving: _____ _____
B. Organization, City/State: _____ _____ Supervisor: Phone and email _____	From: ____/____ MO./YR. To: ____/____ MO./YR. Hrs./week: _____	Title: _____ Duties: _____ _____ Reason for leaving: _____ _____

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NAME AND ADDRESS OF EMPLOYER	DATES	JOB TITLE AND DUTIES
C. Organization, City/State: _____ _____ Supervisor: Phone and email _____	From: ____/____ MO./YR. To: ____/____ MO./YR. Hrs./week: _____	Title: _____ Duties: _____ _____ Reason for leaving: _____ _____
D. Organization, City/State: _____ _____ Supervisor: Phone and email _____	From: ____/____ MO./YR. To: ____/____ MO./YR. Hrs./week: _____	Title: _____ Duties: _____ _____ Reason for leaving: _____ _____

17. Please explain any gap in employment greater than six months not accounted for by AmeriCorps, Peace Corps, work, school, or military service. Or, explain why you have no employment history.

SKILLS AND EXPERIENCE

18. Listed below are skill areas that some programs find useful and may seek in AmeriCorps applicants. Indicate the skill areas in which you have had training or experience, including volunteer or community service experience, and indicate how you gained those skills.

EXAMPLE: Public Speaking – Club President

- | | |
|--|--|
| <input type="checkbox"/> Architectural Planning _____ | <input type="checkbox"/> Public Speaking _____ |
| <input type="checkbox"/> Business/Entrepreneur _____ | <input type="checkbox"/> Recruitment _____ |
| <input type="checkbox"/> Communications _____ | <input type="checkbox"/> Teaching/Tutoring _____ |
| <input type="checkbox"/> Community Organization _____ | <input type="checkbox"/> Trade/Construction _____ |
| <input type="checkbox"/> Computers/Technology _____ | <input type="checkbox"/> Writing/Editing _____ |
| <input type="checkbox"/> Conflict Resolution _____ | <input type="checkbox"/> Youth Development _____ |
| <input type="checkbox"/> Counseling _____ | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Education _____ | <input type="checkbox"/> Environment _____ |
| <input type="checkbox"/> Fine Arts/Crafts _____ | <input type="checkbox"/> Non-Profit Management _____ |
| <input type="checkbox"/> First Aid _____ | <input type="checkbox"/> Social services _____ |
| <input type="checkbox"/> Fundraising/Grant Writing _____ | <input type="checkbox"/> Urban Planning _____ |
| <input type="checkbox"/> Law _____ | <input type="checkbox"/> Disaster Services _____ |
| <input type="checkbox"/> Leadership _____ | <input type="checkbox"/> Veterans _____ |
| <input type="checkbox"/> Medicine _____ | <input type="checkbox"/> Teamwork: _____ |
| <input type="checkbox"/> Public Health _____ | |

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CRIMINAL HISTORY

The AmeriCorps application process requires a criminal history check to ensure that community members with whom we work are protected, particularly children, individuals with disabilities, and individuals over 60 years old.

We are investigating for past sexual offenses and violent crimes, or crimes that would have a direct bearing on your service. This background check will entail our search of the National Sex Offenders Registry may include a Statewide criminal history repository check and/or an FBI criminal history check, which will require you to submit fingerprints.

You will not be permitted to serve or work with children, individuals with disabilities, or individuals over 60 years of age, without supervision until the history check is complete and you are cleared. The review process is not lengthy, and normally is completed within weeks.

Answer the following questions fully. Existence of a criminal conviction or juvenile adjudication may or may not, depending on the circumstances, disqualify you from consideration. However, any intentional misrepresentation or omission is grounds for disqualification.

22. Have you ever been convicted as an adult, or adjudicated as a juvenile offender, of at least one criminal offense by either a civilian or military court? Yes No

Are you currently facing charges for any offense or on probation or parole? Yes No
If no, skip to "Certification" below.

If you answered "yes" to any of the questions above, please provide the following information:

Date: _____ Place: _____
MONTH/DAY/YEAR CITY STATE

Charge: _____

Action Taken: _____

Court, Probation, or Parole Officer: _____ Phone: (____) _____

Name: _____

Address: _____
NUMBER AND STREET

CITY STATE ZIP CODE

You may attach any additional information or explanation on a separate sheet.

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CERTIFICATION

If you choose to submit a paper application, your application must be certified with your original signature in ink. If you are applying to more than one AmeriCorps program, make a copy for each program that you're applying to first, and then sign each one.

By signing this application, or by submitting it electronically if applying on-line, I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge, and are made in good faith. Misinformation or omission of information could result in disqualification or termination as an AmeriCorps member. If I am selected for participation in some AmeriCorps programs, including AmeriCorps NCCC, I may be required to submit to a physical examination, including drug or alcohol testing. Background and security checks may also be conducted by some programs.

PUBLIC BURDEN STATEMENT: Public reporting burden for this collection of information is estimated to average 1.5 hours per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the form. Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, Attn: Amy Borgstrom, 1201 New York Avenue, NW, Washington, D.C. 20525. The Corporation informs people who may respond to this collection of information that they are not required to respond to the collection of information unless the OMB control number and expiration date displayed on page 1 are current and valid. (See 5 C.F.R. 1320.5(b)(2)(i).)

PRIVACY ACT NOTICE: The Privacy Act of 1974 (5 U.S.C § 552a) requires that the following notice be provided to you: The authority for collecting information from you in this application is contained in 42 U.S.C 12592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C 4953 of the Domestic Volunteer Service Act of 1973 as amended. You are advised that submission of the information is entirely voluntary, but the requested information is required in order for you to participate in AmeriCorps programs. The principal purpose for requesting this personal information is to process your application for acceptance into an AmeriCorps program, and for other general routine purposes associated with your participation in an AmeriCorps program. These routine purposes may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests, to present and former employers, references provided by you in your application, and educational institutions, for the purpose of verifying the information provided by you in your application. The information may be shared with other agencies, such as the Social Security Administration, through computer matching agreements for the purpose of verifying identity and citizenship status information provided by you in your application. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information may also be provided to appropriate federal agencies and Department contractors that have a need to know the information for the purpose of assisting the Department's efforts to respond to a suspected or confirmed breach of the security or confidentiality or information maintained in this system of records, and the information disclosed is irrelevant and unnecessary for the assistance. The information will not otherwise be disclosed to entities outside of AmeriCorps and the Corporation for National and Community Service without prior written permission.

SIGNATURE

DATE

Print Name: _____

For Parent or Guardian of Applicants Under 18 Years of Age: I have reviewed this application and I authorize my son/daughter/legal ward to apply to AmeriCorps.

SIGNATURE

DATE

NAME: _____

RELATION: _____ PHONE: (_____) _____

ADDRESS: _____

(IF P.O. BOX, ALSO GIVE NUMBER AND STREET)

CITY

STATE

ZIP CODE

Corporation for National and Community Service programs are available to all without regard to race, color, national origin, disability, age, gender, sexual orientation, religion, political affiliation, or other non-merit factors. Anyone believing he or she has been subjected to discrimination on these grounds by the Corporation for National and Community Service, AmeriCorps, or one of its grantees may contact our Office of Civil Rights and Inclusiveness at (202) 606-7503 or email at eo@cns.gov.

RELATIONSHIPS WITH OTHER PEOPLE

- 3. AmeriCorps members must serve and communicate with people of varied cultural, economic, educational, racial, and religious backgrounds. Please comment briefly on the applicant's relationships with others and ability to work as a member of a team.

EMOTIONAL MATURITY

- 4. Please comment on the applicant's ability to adapt and work under difficult and changing conditions.

ADDITIONAL COMMENTS AND SUPPORTING INFORMATION

- 5. If you wish, use additional paper to explain any of your ratings, and anything else about this applicant that you feel is relevant to serving in AmeriCorps-such as the applicant's desire to serve others, maturity, work ethic, flexibility, and dependability. Explain any reservations that you have regarding the applicant's participation in the AmeriCorps program to which he or she has applied.

OVERALL RECOMMENDATION

- 6. What is your overall recommendation?
 - I recommend the applicant for AmeriCorps service.
 - I have some reservations, but I believe the applicant will succeed in serving with AmeriCorps.
 - I do not recommend this applicant for AmeriCorps service.

CONFIDENTIALITY STATEMENT

- I AUTHORIZE the program and/or the Corporation for National and Community Service to identify me as the source of this reference and to release a copy of this reference in its entirety upon request to the applicant.
- I DO NOT authorize the program and/or the Corporation for National and Community Service to identify me as the source of this reference, nor do I authorize the release of a copy of this reference in its entirety to the applicant.

Your Signature: _____

**PLEASE RETURN THIS FORM, IN AN ENVELOPE SIGNED
ACROSS THE SEAL, DIRECTLY TO THE APPLICANT.**

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OVERALL RECOMMENDATION

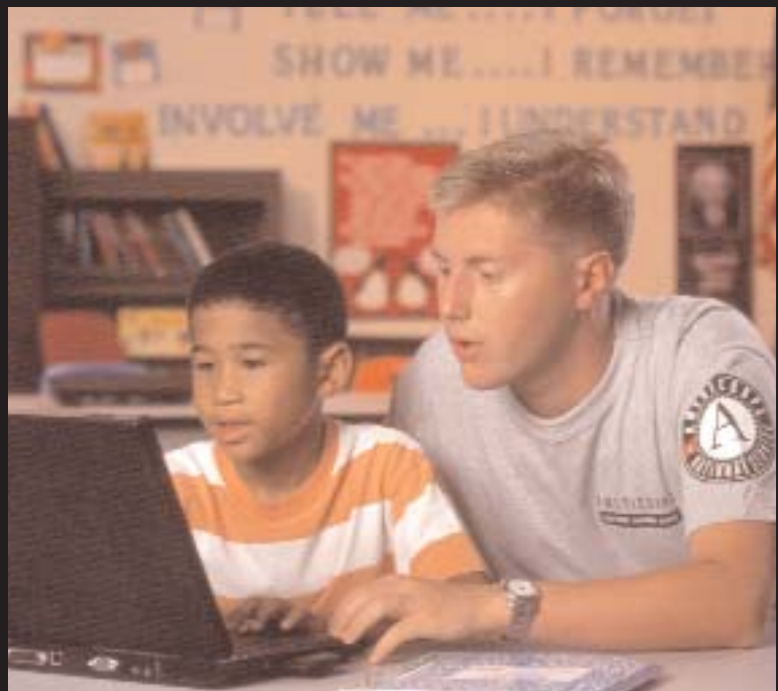
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Your Signature: _____

**PLEASE RETURN THIS FORM, IN AN ENVELOPE SIGNED
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**QUESTIONS? CALL 1-800-942-2677
OR (TTY) 1-800-833-3722**

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AmeriCorps.gov**

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OPTIONAL INFORMATION

HOW DID YOU HEAR ABOUT AMERICORPS? You may check more than one.

- AmeriCorps representative
(Service/career fair, conference, information session)
- Armed Forces
- Social Media
- Current or former AmeriCorps member
- Friend/Relative
- Internet/E-mail
- Other service organization
- Radio story
- Poster at school
- College guidance office/Placement office
- High school guidance counselor
- Newspaper/Magazine article
- Radio advertisement
- Received information in the mail
- Other (specify) _____

Have you previously served with an AmeriCorps program? Check all that apply:

- AmeriCorps State/National
- VISTA
- NCCC

WHAT IS YOUR ETHNICITY? (optional) Hispanic or Latino Not Hispanic or Latino

WHAT IS YOUR RACE? (optional) Mark one or more:

- American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American.** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

WHERE TO SEND YOUR APPLICATION

Please send your application directly to the AmeriCorps program where you wish to serve. To get the address for the AmeriCorps program where you wish to serve, or to apply online, visit the AmeriCorps website at **AmeriCorps.gov**. If you don't have Internet access, you can still get program information or apply by calling 1-800-942-2677.

Print out and use this application OR go to the My AmeriCorps Portal and apply online
<https://my.americorps.gov>

If you are applying to AmeriCorps NCCC, send your application to:

AmeriCorps NCCC
1201 New York Avenue, N.W.
Washington, DC 20525