General Electronic AmeriCorps Application

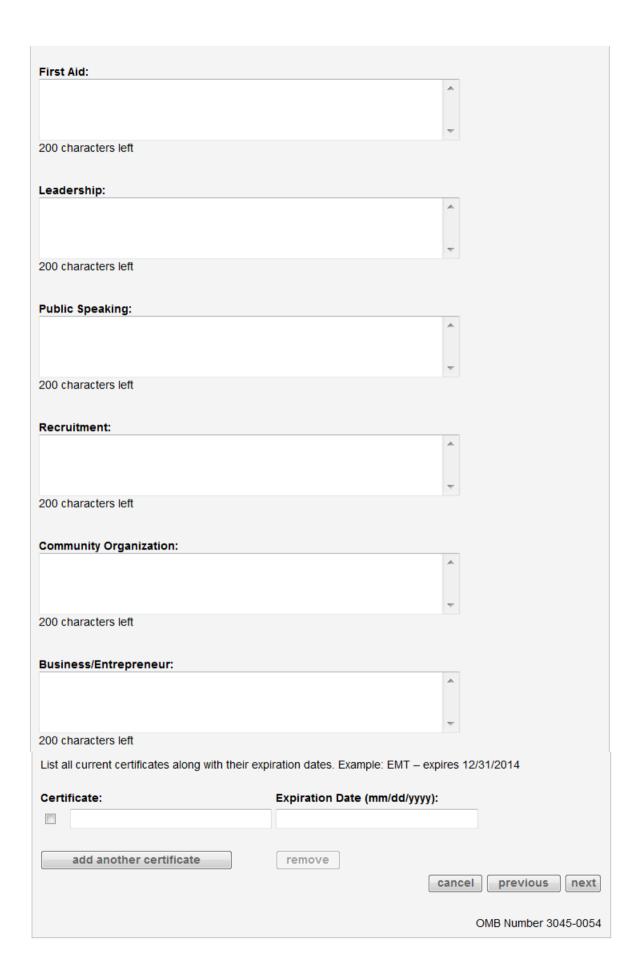
All AmeriCorps applicants, including AmeriCorps NCCC Team Leader applicants, complete the below online application, available at https://my.americorps.gov/mp/login.do.

Create Application: step 1 of 8

| Use this tool to create an application that fully describes your skills at click "next" your information will be saved. All saved information will reapplication and return later. | |
|--|---|
| Motivational Statement > □ Skills & Experience > □ E □ Employment History > □ Criminal History Questionnaire □ References | • |
| Motivational Statement | |
| Click here for help. We would like to understand more about you and your reasons for us why you would like to serve with the AmeriCorps program. | applying to AmeriCorps. Please share with |
| Please save your response by clicking the "save" button at the bott you have not saved your response, you will receive a warning that that you save your information. | |
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| | save cancel previous next |
| | OMB Number 3045-0054 |

Create Application: step 2 of 8

| ■ Motivational Statement > □ Skills & Experience > □ Edu □ Employment History > □ Criminal History Questionnaire > □ □ References | | • |
|--|-------------------|------------------------------|
| Skills and Experience | | |
| ? | | |
| Click here for help. When you created your profile, you marked the following skills that you and/or experience. Please elaborate on how you have acquired and add or remove skills from this application, you'll need to update your home page and clicking on 'Edit My Profile'. | applied each of t | those skills. If you need to |
| Writing/Editing: | | |
| | A | |
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| Education: | | |
| | A | |
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| Teaching/Tutoring: | | |
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Create Application: step 3 of 8

| ■ Motivational Statement > □ Skills & Expe ■ Employment History > □ Criminal History ■ References | | • | | | |
|--|--|-----------------------------|--|--|--|
| Education | | | | | |
| Click here for help. Check the highest level of education that you will had AmeriCorps. (Choose only one.) | nave completed by the time yo | ou are planning to serve in | | | |
| Less than high school completed | High school graduate | ◎ GED | | | |
| Technical school/apprenticeship/vocational | Some college | Associates degree (AA) | | | |
| College graduate | Some graduate study | Graduate degree | | | |
| Professional degree (medical, law) | | | | | |
| technical schools, military training and employmen | Post-secondary Schools. Starting with the most recent, list all schools after high school that you have attended, including trade or technical schools, military training and employment training programs. You may add additional schools by clicking the "Add Another" button below. | | | | |
| *Name of School (most recent first): *Location of School (City, | | | | | |
| State): | | | | | |
| *Attended from (mm/yyyy): | | | | | |
| *Attended through (mm/yyyy): | | | | | |
| *Major area of study: | | | | | |
| *Type of Degree or Certificate: | | | | | |
| *Date Received or Expected (mm/yyyy): | | | | | |
| remove | | | | | |
| add another | | | | | |
| | С | eancel previous next | | | |
| | | OMB Number 3045-0054 | | | |

Create Application: step 4 of 8

| Community S | ervice |
|----------------------------------|--|
| activity first. Your involvement | thich you've been involved to perform community service. List your most recent could include serving in neighborhood, school, religious, social, professional, or g out with community service projects; or participating in less formal activities. |
| Click the "add another" button | below to add additional organizations |
| ☐ I do not have any communi | ty service experience. |
| Name and Location of Orga | anization |
| * Organization | 1: |
| | y: |
| * City | |
| * City | e: |
| | |

2000 characters left

| * Dates of Involvement and Ho | ours | | | |
|--|----------------|------------------|------------------------------------|--|
| * From (mm/yyyy): | | | | |
| * To (mm/yyyy): | | | | |
| * Hours/month: | 0 | | | |
| remove | | | | |
| add another | | | | |
| *Describe how you have reached o community. Explain why you serve learned or how it has made you fee | or get involve | ed, and what you | you have been I received in ret | involved in your own urn - that is, what you have |
| | | | | * |
| 2000 characters left | | | | |
| | | | | cancel previous next |
| | | | | OMB Number 3045-0054 |

Create Application: step 5 of 8 ■ Motivational Statement > ■ Skills & Experience > ■ Education > ■ Community Service > ■ Employment History > □ Criminal History Questionnaire > ☑ Optional Information > References **Employment History** Click here for help. Beginning with the most current or most recent position, list and briefly describe up to the last four positions you have held or your last ten years of employment you have held. 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. Click the "Add Another Job" button below to add additional employment experiences. I do not have any previous employment experience. Name and Address of Employer * Organization: * City: * State: * Supervisor Name: * Supervisor Phone: (555-555-0000) * Supervisor E-mail: Job Title and Duties * Title: * Duties: * Reason For Leaving: **Dates and Times** * From (mm/yyyy): * To (mm/yyyy):

* Hours/week: 0

remove

add another job

| Please explain any gap in employment greater than six months n work, school, or military service. Or, explain why you have no em | |
|--|--|
| | ~ |
| | cancel previous next OMB Number 3045-0054 |

Create Application: step 6 of 8 ■ Motivational Statement > ■ Skills & Experience > ■ Education > ■ Community Service > □ Employment History > □ Criminal History Questionnaire > ☑ Optional Information > References Criminal History Questionnaire The AmeriCorps application process requires a criminal history check to ensure 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 a search of the National Sex Offenders Public Registry and may include a statewide criminal history repository check and/or a 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 circumstances, disqualify you from consideration. However, any intentional misrepresentation or omission is grounds for disqualification. Click here for help. Answer the following questions and include misdemeanors and any offense that led to pre-trial intervention and/or fines other than speeding or parking tickets. Have you ever been convicted as an adult, or adjudicated as a juvenile Yes No offender, of at least one criminal offense by either a civilian or military court? Are you currently facing charges for any offense, on probation or parole? Yes No If you answered yes to any of the questions above, please provide the following information. (To record multiple convictions/adjudications, click the "add another" button, below.) add another

cancel

previous

OMB Number 3045-0054

next

Create Application: step 7 of 8

| | oyment History > [| > Skills & Experience > Educ Criminal History Questionnaire > | • | |
|-------------|---|--|---------------------------------------|--|
| Opt | ional Info | rmation | | |
| | ere for help. d you first hear abou | ut AmeriCorps? (You may check more | e than one.) | |
| | eriCorps sentative | Armed Forces | ☐ Friend/Relative | |
| ☐ Inte | ernet/E-mail | Other service organization | Radio story | |
| Pos | ster at school | College guidance office/Placemer office | nt | |
| New article | wspaper/Magazine | Radio advertisement | Received information in the mail | |
| Soc | cial Media | AmeriCorps alum | | |
| Other: | | | | |
| | | | | |
| На | | served with an AmeriCorps | & National USTA DCCC | |
| | | What is your ethnicity? | nic or Latina/o Not Hispanic or | |
| What is | your race?(You may | check more than one.) | | |
| | American Indian or | · Alaska Native. A person having origins including Central America) and who mair | | |
| | Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the | | | |
| | Black or African An | nerican. 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 hav Africa. | ring origins in any of the original peoples | of Europe, the Middle East, or North | |
| | | | cancel previous next | |
| | | | OMB Number 3045-0054 | |

Create Application: step 8 of 8

| Click here for help. | | | |
|--|----------------------------|--|--|
| ☐ Motivational Statement > ☐ Skills & Experience > ☐ Education > ☐ Community Service > | | | |
| ☐ Employment History > ☐ Criminal History Questionnaire | > ☑ Optional Information > | | |
| References | | | |
| | | | |
| References | | | |
| | | | |
| | | | |
| There are no enforcement and with the country | | | |
| There are no references created with the system. | | | |
| new | reference cancel previous | | |
| TICK! | previous | | |
| | Finish Application | | |
| | Finish Application | | |
| | OMB North or 0045 0054 | | |
| | OMB Number 3045-0054 | | |

Create New Reference

Please complete the form below and click on the provided link to email a reference request. You should select people who you know well and who are familiar with your personal background, education, employment, and/or professional skills. You should not ask a family member, peer, classmate, co-worker or friend to serve as a reference. Consider asking work supervisors, clergy, teachers, counselors, coaches, or someone else familiar with your motivation and community involvement.

| * First Name: | | |
|--------------------------------|---------------------|------------------------|
| * Last Name: | | |
| * Email: | | |
| * Title: | | |
| Organization/Institution: | | |
| Is this a foreign (non-US) add | Iress? Check here. | |
| * Street Address 1: | | |
| Street Address 2: | | |
| * City: | | |
| *State: | • | |
| * Zip: | | |
| * Zip Extension: | | |
| Home Phone: | (e.g. 555-555-5555) | |
| Work Phone: | (e.g. 555-555-5555) | |
| Submit | | Go back to Application |
| Submit | | GO DACK TO Application |
| | | |

OMB Number 3045-0054

Completing the above form sends the following automated email to the listed reference's email address:

Dear REFERENCEFIRSTNAME REFERENCELASTNAME:

AmeriCorps engages more than 70,000 Americans each year in results-driven service opportunities sponsored by thousands of local and national non-profits, public agencies, and faith-based community organizations.

APPLICANTFIRSTNAME APPLICANTLASTNAME is applying to be an AmeriCorps member. The applicant indicated that you would be able to evaluate his or her qualifications and provide us with a candid recommendation.

The success of AmeriCorps largely depends upon an appropriate match between programs and members. Considerable value is placed on personal references during the application review and selection process. To complete a reference form for this applicant, please click on the link provided below.

http://my.americorps.gov/...

Thank you for taking the time to fill out the AmeriCorps reference form. Your input is greatly appreciated.

Please do not reply to this message. If you have any questions or need further assistance please call 1-800-942-2677.

PLEASE DO NOT REPLY TO THIS MESSAGE

When the reference clicks on the link in the above email, it brings them to the page for completing the reference form within the My AmeriCorps Portal.

Reference Entry

Please note that you will need to complete and submit this entire form at one time, as you will not be able to save the information and return to it later.

| Applicant Basic Information | |
|---|----------------------------------|
| Name: Douglas Hale Preferred Name: Doug | Date of Birth: 07/31/1984 |
| Applicant ID: 91941 | Username: douglasmhale |
| SSN: *****3041 | E-mail: douglasmhale@gmail.com |
| SSN Status: | |
| Citizenship Status: 🚰 U.S Veteran: | |
| 0.5 Veterali. | |
| Current Mailing Address: | Permanent Address: |
| 5415 Connecticut Ave NW | 5415 Connecticut Ave NW |
| Apt 102 | Apt 102 |
| Washington, DC 20015 - 2731 | Washington, DC 20015 - 2731 |
| Preferred Phone: 813-449-1091 | Preferred Phone: 813-449-1091 |
| Other Phone: | Other Phone: |
| Preferred Method of Communication: E-mail | |

AmeriCorps engages more than 70,000 Americans a year in results-driven service sponsored by thousands of local and national non-profits, public agencies, faith-based and community organizations. AmeriCorps members help communities meet critical challenges in the areas of education, public safety, the environment, and other human needs. In return, AmeriCorps members may earn an AmeriCorps Education Award The success of AmeriCorps largely depends upon an appropriate match between programs and members. Considerable value is placed on personal references during the application review and selection process. Your input is greatly appreciated.

| Fields marked with ar | ı * are required. | |
|-----------------------|-------------------|--|
| * Title: | | |
| * First Name: | | |
| Middle Name/Initial: | | |
| * Last Name: | | |
| * Email: | | |
| | | |
| * Organization: | | |

| | _ | | | |
|--|---|--------|-----------|-------------|
| Is this a foreign (non-US) | address? Check here. | | | |
| * Street address 1: | | | | |
| Street address 2: | | | | |
| * City: | | | | |
| * State: | | ▼ | | |
| * Zip code: | - | | | |
| | | | 1 | |
| * Work Phone: | | | | |
| Home Phone: | | | | |
| *************************************** | 41 | | | |
| *How long have you kn | own the applicant? Years: 0 | P | Months: 0 | |
| *In what capacity have | you known applicant? | | | |
| Job Supervisor | High School Teacher | Clergy | | |
| O Volunteer Superviso | r College Instructor | Coach | | |
| Other(specify): | | | | |
| | | | | |
| | ocompetent is this applicant, and a position of responsibility? | | | nmunity, in |
| Outstanding perform | ance | | | |
| Above average perfo | rmance | | | |
| Satisfactory | | | | |
| Below average perfo | rmance | | | |
| Unsatisfactory perfor | mance | | | |
| | | | | |
| *KNOWLEDGE OF THE Please describe the situa | APPLICANT: ation in which you know the applic | ant. | | |
| | | | | ^ |
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| 2000 characters left | | | | |

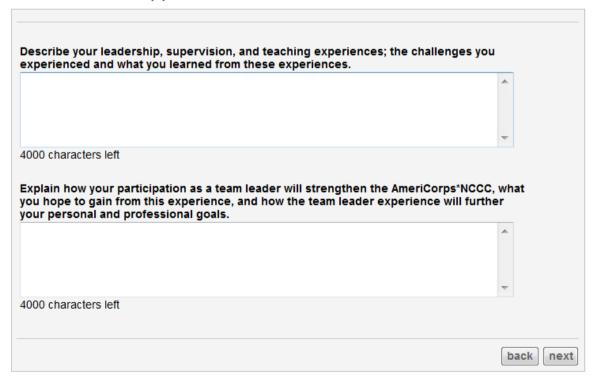
| *WORK PERFORMANCE | hu to |
|--|-------------|
| Please comment on such qualities as the applicant's level of dependability, initiative, and abilit work with minimal supervision and as a member of a team. | ly to |
| | ^ |
| | ▼ |
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| *RELATIONSHIPS WITH OTHER PEOPLE 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: Please comment on the applicant's ability to adapt and work under difficult and changing conditions. | A |
| | ~ |
| 2000 characters left | |
| ADDITIONAL COMMENTS AND SUPPORTING INFORMATION If you wish, use additional comments to explain any of your ratings, and anything else about the applicant that you feel is relevant to serving in AmeriCorps - such as the applicant's desire to 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 applicant. | serve ve |
| | • |
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| | |

| *Overall recommendation |
|---|
| I recommend the applicant for AmeriCorps service. |
| I have some reservations, but I believe the applicant will succeed in serving with the AmeriCorps. |
| I do not recommend this applicant for AmeriCorps service. |
| |
| 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. |
| cancel submit |
| OMB Number 3045-0054 |

AmeriCorps NCCC Team Leader Supplemental Questions

AmeriCorps NCCC Team Leader applicants complete the below online questions when submitting their general AmeriCorps application (above) to an AmeriCorps NCCC Team Leader position posting:

Team Leader Application



Team Leader Questionnaire

| uestion | Yes | NO | Not Sure |
|--|----------------|---------|-------------|
| . Have you ever served in another AmeriCorps program? | 0 | 0 | 0 |
| NCCC is a residential program. Are you prepared to move if selected to serve? | 0 | | 0 |
| . Are you willing to commit to 11 straight/consecutive months of service? | 0 | 0 | 0 |
| . Are you willing to live without your personal belongings and other comfort items ke a personal computer, your family, friends, and a private room? | | | 0 |
| Are you prepared to live with other young people in close environments who com om diverse backgrounds? | e _© | 0 | 0 |
| . Are you prepared to perform service projects in a variety of areas? Including indoors or outdoors? Urban, rural or possibly remote locations? Projects that could be physical or administrative? | | 0 | 0 |
| . Are you aware that this is an intense leadership position, in which you would upervise up to 12 people? | 0 | 0 | 0 |
| . Are you willing to be "on call" 24 hours a day, 7 days a week? | 0 | \odot | 0 |
| . If trained, are you prepared to uphold program policies and regulations, as well as andle disciplinary issues? | 0 | 0 | |
| 0. Do you have experience working with limited direct supervision? | 0 | 0 | 0 |
| Do you have experience managing conflict between teammates, classmates, co- orkers, supervisors? | 0 | 0 | 0 |
| 2. Do you have experience adapting to change as it pertains to a fast-paced, ever- hanging work environment? | 0 | 0 | 0 |
| 3. Do you have a valid driver's license? | 0 | | 0 |
| 4. Do you have clean driving record? | | 0 | 0 |
| 5. If trained, are you willing to operate a 15 passenger van? | | | |
| 6. Have you ever applied to AmeriCorps NCCC previously as a corps member or eam leader? | 0 | 0 | 0 |
| 7. Have you ever served in AmeriCorps NCCC or participated in the NCCC Summer of ervice program for any length of time? | of 向 | 0 | 0 |
| Regional Preferences: | | | |
| o find out which regions are accepting applications for this listing, please call 1-800-942-2677 | 7. | | |
| | | | |
| Atlantic North Central Pacific | | t you | |

AmeriCorps National Civilian Community Corps Team Leader Application

PUBLIC BURDEN STATEMENT: Public reporting burden for this collection of information is estimated to average 1 hour 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 information requested in the AmeriCorps National Civilian Community Corps Team Leader Application is collected pursuant to 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, and 42 U.S.C. 12639. Purposes and Uses - The information requested is collected for the purposes of reviewing team leader applications. Routine Uses - Routine uses may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests. 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 relevant and unnecessary for the assistance. The information will not otherwise be disclosed to entities outside of the Corporation for National and Community Service without prior written permission. Effects of Nondisclosure - The information requested is not mandatory.

OMB Control Number 3045-0005

Expiration Date 7/31/2017