

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).)

PERSONAL PROFILE

1.	I. NAIVIE: LAST FIRST	MIDDLE
Pref	Preferred Name	
2.		•
	If you are a lawful permanent resident alien and you your registration number and card expiration date?	
a US pass Reco	*Citizens of the US include persons born in Puerto Rico, Guam, the US Virginclude persons born in America Samoa, inlcuding Swains Island. **General US permanent resident with (i) a Permanent Resident Card, INS Form I-5 passport indicating that the INS has approved it as temporary evidence of Record (INS Form I-94) indicating that the INS has approved it as temporal student visa does not confer eligibility to enroll in an AmeriCorps program.	ally, you are a Lawful Permanent Resident Alien of the US if you a 51; (ii) an Alien Registration Receipt Card, INS Form I-551, (iii) a awful admission for permanent residence; or (iv) a Departure y evidence of lawful admission for permanent residence. NOTE: A
3. You '	3. FINAL FOUR NUMBERS OF SOCIAL SECURITY NUM You will provide your full social security number later in the process.	BER:
4.	4. DATE OF BIRTH:	
	MONTH/DAY/YEAR	
5.		
6.	CITY/STATE/COUNTRY 6. GENDER: Male Female	
7.	7. Earliest date you are available to begin service:	
	3 ====	H/DAY/YEAR
	Latest date available	
8.	8. CURRENT ADDRESS: All information will be sent to this addre	ss unless you notify us of a change.
	NUMBER AND STREET (IF POSSIBLE, INCLUDE A NUMBER AND STI	REET ADDRESS WHEN USING A P.O. BOX)
	CITY	STATE ZIP CODE
	Preferred Phone ()	Other Phone ()
	E-Mail	
	Preferred method of communication □ phone □] email

9.	Are you moving within the next six months? Yes No If yes, when*? MONTH/DAY/YEAR					
	PERMANENT AD m you can always be re		pove): Please giv	e the name and address of a	person	_ through
	Name:			Relationship: _		_
		FIRST	LAST			
	NUMBER AND STREE	T (IF POSSIBLE, INCLUDE A I	NUMBER AND S	TREET ADDRESS WHEN USI	NG A P.O. BOX)	-
	CITY			STATE	ZIP CODE	-
	Home Phone ()	W	ork Phone ()_		_
	Cell Phone ()	F-	Mail		

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.							
Members ages 18 to 24 se of service projects in the a needs. Members often trav	 □ 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 (Japuany start dates) 						
☐ AmeriCorps VISTA (Volume Members who are at least	☐ 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,						
homelssness and helping, developing and mobilizing	disadvantage	ed youth, o	community	y development, a	and employn	nent—by	
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.						oblems	
Program Name							
Program Address							
EDUCATION							
12. Check the highest level of edu in AmeriCorps. (Check only of	-	ou will ha	ve comple	ted by the time y	you are plan	ning to serve	
 □ Less than high school □ High school diploma □ Technical school/Apprenticeship □ GED □ Associate's degree (AA) □ Graduate degree □ Some college □ College Graduate □ Professional Degree (medical, law) 							
<u> </u>	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	Location	Dates A	ttended	Major	Type of	Date	
(List most recent first)	of School (City/State)	From Mo./Yr.	To Mo./Yr.	or Area of Study	Degree or Certificate	Received or Expected	
Α							
В							
C							
=		†		1	1	1	

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

Please provide a description of why you volunteer. Describe how you have reached out to help of and/or how you have been involved in your own community. Please explain why you serve or ge involved and what you have learned through your community service activities. Think in broad to Your involvement could include serving in the neighborhood; school; faith, social, or professional groups. (200 characters maximum)									
PIE	Please list the organizations with which you have been involved to perform community service.								
_									
 A.	DATES OF INVOLVEMENT: From:	MONTH/YEAR			_ Hours per mo.:				
 A.	DATES OF INVOLVEMENT: From:Organization Name:	MONTH/YEAR	I	MONTH/YEAR					
 A.		MONTH/YEAR	ation: _	MONTH/YEAR	Phone:				
	Organization Name:	MONTH/YEAR LOC	cation: _	MONTH/YEAR	Phone:				
	Organization Name: Description of Involvement:	MONTH/YEAR LOC MONTH/YEAR	cation: _	MONTH/YEAR MONTH/YEAR	Phone: _ Hours per mo.:				

MOTIVATIONAL STATEMENT

15.	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:	From:/ M0./YR.	Title:
Supervisor: Phone and email	To:/_ MO./YR. Hrs./week:	Reason for leaving:
B. Organization, City/State:	From:/_ M0./YR.	Title:
Supervisor: Phone and email	To:/_ MO./YR. Hrs./week:	Reason for leaving:

	NAME AND ADDRESS OF EMPLOYER	DATES	JOB TITLE AND DUTIES
	C. Organization, City/State:	From:/ M0./YR.	Title: Duties:
	Supervisor: Phone and email	To:/_ MO./YR. Hrs./week:	Reason for leaving:
	D. Organization, City/State:	From:/_ M0./YR.	Title:
	Supervisor: Phone and email	To:/_ MO./YR. Hrs./week:	Reason for leaving:
S	KILLS AND EXPER Listed below are skill areas that some progr skill areas in which you have had training or and indicate how you gained those skills.	ams find useful and may seexperience, including volu	seek in AmeriCorps applicants. Indicate the
	Architectural Planning Business/Entrepreneur Communications Computers/Technology Conflict Resolution Counseling Education Fine Arts/Crafts First Aid Fundraising/Grant Writing Law Leadership	□ Public Sp □ Recruitme □ Teaching/ □ Trade/Cor □ Writing/Ed □ Youth Dev □ Other (sp □ Environm □ Non-Profi □ Social ser □ Urban Pla □ Disaster S □ Veterans	eaking ent Tutoring estruction diting velopment ecify): ent t Management t vices anning Services
	Medicine Public Health		C:

19.	What is your primary language? Do you speak another language? □ Yes □ No Language(s): Number of years studied or spoken:						
	Speaking Ability: ☐ Poor ☐ Fair ☐ Good ☐ Excellent Writing Ability: ☐ Poor ☐ Fair ☐ Good ☐ Excellent						
19a	. List all current certificates along with their expiration dates. Example: EMT-Expires 12/31/2012 Certificate: Expiration Date (mm/dd/yyyy):						
20.	In the space below or on a separate sheet of paper, provide any additional skills and experience that may be helpful in evaluating your application, including other languages spoken.						
21.	Do you have a valid government issued driver's license? $\ \square$ Yes $\ \square$ No						





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.

Have you ever been convicted as an adult, or adjudicated as a juvenile offender, of at least one iminal offense by either a civilian or military court? \Box Yes \Box No						
Are you currently facing charges for a lf no, skip to "Certification" below.	Are you currently facing charges for any offense or on probation or parole? \Box Yes \Box 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: _	Pho	one: ()				
Name:						
Address:						
NUMBER AND STREET						
CITY	STATE	ZIP CODE				

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

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 isrelevant and unnecessary for the assistance. The information will not otherwise be disclosed to entities outside of AmeriCorps and the Corporation for National and C

SIGNATURE		DATE			
Print Name:					
	nt or Guardian of Applicants Under 18 Years of laughter/legal ward to apply to AmeriCorps.	of Age: I have reviev	ved this applica	tion and I authorize	
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.

REFERENCE FORM

TO THE APPLICANT:

Applicant's Name: _____

Please complete the information below and give this form to each of your references. You should select people who know you 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.

Your reference should complete this form, seal it in an envelope, sign his or her name across the seal on the outside of the envelope, and return it to you to include with the application you send to AmeriCorps.

	LAST	FIRST	MI	DDLE
Address:				
•	, ALSO GIVE NUMBER AND STREET)	CITY	STATE	ZIP CODE
Home Phone: () Work	Phone: ()		
NDICATE THE PRO	GRAM THAT YOU ARE APPLYIN	IG TO (check only one):		
AmeriCorps NCC AmeriCorps VIS Program name:				
Program address	S:			
AmeriCorps Stat	e and National:			
Program address	S:			
TO THE PERSONAL	REFERENCE:			
communities meet cr needs. In return, Ame pay back student loar	ts, public agencies, and faith-base itical challenges in the areas of edu criCorps members may earn a Segu ns. hove is applying to be an AmeriCor	ucation, public safety, the al AmeriCorps Education	environment, and Award that helps	l other human pay for college (
•	r her qualifications and provide us			,
	Corps largely depends upon an apole value is placed on personal refeappreciated.			election process
Name of Reference: _				
- ''' (T'''	LAST	FIRST		MIDDLE
Position/Title:				
	on:			
	ALCO CIVE NUMBER AND CERETY		CTATE	7ID 00DE
,	ALSO GIVE NUMBER AND STREET)	CITY	STATE	ZIP CODE
10me Pnone: ()	Work Phone (_)	maii:	

KNOWLEDGE OF THE APPLICANT

How long have you known the applicant? Years:	Months:						
In what capacity have you known the applicant?							
☐ Job Supervisor/Employer ☐ High School Teacher	☐ Clergy						
☐ Volunteer Supervisor ☐ College Instructor	□ Coach						
Other (specify):							
Please describe the situation in which you know the applicant.							
WORK PERFORMANCE							
 Please comment on such qualities as the applicant's level of deperminimal supervision and as a member of a team. 	endability, initiative, and ability to work with						
2. In your judgment, how competent is this applicant, as demonstrated in school, on the job, or in a position of responsibility? Please check of							
 Outstanding performance Above average performance Satisfactory Below average performance Unsatisfactory performance 							

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.
ΕM	OTIONAL MATURITY
4.	Please comment on the applicant's ability to adapt and work under difficult and changing conditions.
AD	DITIONAL 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.
0V	ERALL 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.
CO	NFIDENTIALITY 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.
You	ır Signature:

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

REFERENCE FORM

TO THE APPLICANT:

Please complete the information below and give this form to each of your references. You should select people who know you 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.

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App	licant's Name:					
		LAST	FIRST	MID	DLE	
Add						
	•	GIVE NUMBER AND STREET)	CITY	STATE	ZIP CODE	
Home Phone: () Work Phone: ()						
IND	ICATE THE PROGRAM	M THAT YOU ARE APPLYING	GTO (check only one):			
	AmeriCorps NCCC AmeriCorps VISTA Program name:					
	Program address:					
	AmeriCorps State and Program name:	National:				
	Program address:					
TO	THE PERSONAL REFI	ERENCE:				
AmeriCorps engages more than 70,000 Americans a year in results-driven service sponsored by thousands of local and national nonprofits, public agencies, and 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 a Segal AmeriCorps Education Award that helps pay for college or pay back student loans.						
The person named above is applying to be an AmeriCorps member. The applicant has 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. Your input is greatly appreciated.						
Nan	ne of Reference:					
		LAST	FIRST	N	IIDDLE	
Pos	ition/Title:					
Org	anization/Institution:					
Add	ress:					
	•	GIVE NUMBER AND STREET)	CITY	STATE	ZIP CODE	
Llon	no Dhono: /	Work Phone (\ E_m	oil·		

KNOWLEDGE OF THE APPLICANT

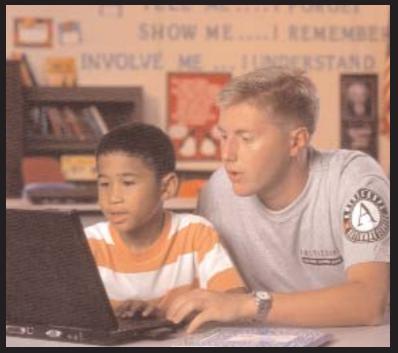
How long have you known the applica	Months:				
In what capacity have you known the applicant?					
☐ Job Supervisor/Employer☐ Volunteer Supervisor☐ Other (specify):	☐ College Instructor	☐ Clergy ☐ Coach			
Please describe the situation in which					
MODE DEDECOMANCE					
WORK PERFORMANCE1. Please comment on such qualities as the applicant's level of dependability, initiative, and ability to work with minimal supervision and as a member of a team.					
2. In your judgment, how competent in school, on the job, or in a position					
 Outstanding performance Above average performance Satisfactory Below average performance Unsatisfactory performance 					

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	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.
Υοι	ır Signature:
	-

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









QUESTIONS? CALL 1-800-942-2677 OR (TTY) 1-800-833-3722

Your World. Your Chance To Make It Better.
AmeriCorps.gov

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)
	ve you previously served with an AmeriCorps program? Check all that apply: AmeriCorps State/National VISTA NCCC
	HAT IS YOUR ETHNICITY? (optional) Hispanic or Latino Not Hispanic or Latino
WH	HAT 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