

AmeriCorps Member Application

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 and National, AmeriCorps VISTA, AmeriCorps NCCC and FEMA Corps programs. However, if you are applying to an AmeriCorps State or 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).)

OMB# 3045-0054 Expires 2/28/2022

PERSONAL PROFILE

NAME: _____

1.

LAST

FIRST

MIDDLE

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? _____

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 Nonbinary Prefer not to answer

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

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

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

Cell Phone (_____) _____ E-Mail _____

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. **EMERGENCY CONTACT/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 _____

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

14. Describe how you have reached out to help others and/or how you have been involved in your own community. Explain why you decided to serve or get involved, and what you received in return—that is, what you learned or how it made you feel. Think in broad terms. List your most recent activity first. Attach a separate sheet of paper if you need more space. (Your involvement could include serving in neighborhood, school, religious, social, professional, or other volunteer groups; helping out with community service projects; or participating in less formal activities.)

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: _____

MOTIVATIONAL STATEMENT

15. We would like to understand more about you and your reasons for applying to AmeriCorps. Take a few minutes and consider those experiences which have made you the person you are today. Please share with us one of these experiences and how it sparked your interest in community service. 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: _____ _____

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. Explain any period of time 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

- Architectural Planning _____
- Business/Entrepreneur _____
- Communications _____
- Community Org./Development _____
- Computers/Technology _____
- Conflict Resolution _____
- Counseling _____
- Education _____
- Fine Arts/Crafts _____
- First Aid _____
- Fundraising/Grant Writing _____

- Law _____
- Leadership _____
- Medicine _____
- Public Health _____
- Public Speaking _____
- Recruitment _____
- Teaching/Tutoring _____
- Trade/Construction _____
- Writing/Editing _____
- Youth Development _____
- Other (specify): _____

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 will investigate 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 and an FBI criminal history check, which will require your being fingerprinted at Pre-Service Orientation.

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 will disqualify you. Do not include minor traffic violations.

I allow the AmeriCorps program to complete an NSOPW check and criminal background check

22. Have you ever been convicted as an adult, or adjudicated as a juvenile offender, of any criminal offense by either a civilian or military court, other than minor traffic violations? 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.

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.

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 relevant and unnecessary for the assistance. The information will not otherwise be disclosed to entities outside of AmeriCorps and AmeriCorps 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

AmeriCorps 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:

Please complete the information below and give this form to each of your references. 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.

Applicant's Name: _____
LAST FIRST MIDDLE

Address: _____
(IF P.O. BOX, ALSO GIVE NUMBER AND STREET) CITY STATE ZIP CODE

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

INDICATE THE PROGRAM THAT YOU ARE APPLYING TO (check only one):

- AmeriCorps State and National:
Program name: _____
Program address: _____
- AmeriCorps VISTA
Program name: _____
Program address: _____
- AmeriCorps NCCC or FEMA Corps

TO THE PERSONAL REFERENCE:

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 disaster services, economic opportunity, education, environment, and human needs, such as serving veterans and military families. 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.

Name of Reference: _____
LAST FIRST MIDDLE

Position/Title: _____

Organization/Institution: _____

Address: _____
(IF P.O. BOX, ALSO GIVE NUMBER AND STREET) CITY STATE ZIP CODE

Home Phone: (____) _____ Work Phone (____) _____ E-mail: ____

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.**

RELATIONSHIPS WITH OTHER PEOPLE

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Your Signature: _____

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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
- Current or former AmeriCorps member
- Friend/Relative
- Internet/Listserv/E-mail
- Newspaper/Magazine advertisement
- Other service organization
- Radio story
- Television advertisement
- Poster at school
- College guidance office/Placement office
- Department of Education
- High school guidance counselor
- Newspaper/Magazine article
- Peace Corps
- Radio advertisement
- Received information in the mail
- Television news story
- Other (specify) _____

I prefer not to provide my demographics information

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.

What is the highest level of education completed by your mother?

- Less than high school
- High school diploma or the equivalent, such as GED
- Some college but no degree
- Associate degree in college
- Bachelor's degree
- Master's, professional school, or doctoral degree
- Don't know
- This question does not apply to me.

What is the highest level of education completed by your father?

- Less than high school
- High school diploma or the equivalent, such as GED
- Some college but no degree
- Associate degree in college
- Bachelor's degree
- Master's, professional school, or doctoral degree
- Don't know
- This question does not apply to me.

Which category represents the total combined income of all members of your family during the past 12 months? This includes money or income received by members of your family who are 15 years of age or older.

- \$24,999 or less
- \$25,000 to \$39,999
- \$40,000 to \$59,999
- \$60,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- 150,000 or more
- Don't know

How confident are you that you could come up with \$400 if an unexpected expense arose within the next month?

- Not at all confident
- Slightly confident
- Somewhat confident
- Very confident
- Extremely confident
- Don't know

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 or FEMA Corps, send your application to:

AmeriCorps NCCC

250 E Street SW

Washington, DC 20525