





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).)

AMERICORPS APPLICATION

PERSONAL PROFILE

1. **NAME:** _____

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

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 _____

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 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 disaster services, economic opportunity, education, environmental stewardship, healthy futures, and public safety, the environment, and other human needs, such as health and housing veterans and military families.

Program Name _____

Program Address _____

■ 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 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)

■ FEMA Corps a branch of AmeriCorps National Civilian Community Corps

Members ages 18 to 24 serve in a 10-month team-based residential program to complete projects in disaster preparedness, response, and recovery. Members often travel to projects throughout their country.

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

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.)

Name of School (List most recent first)	Location of School (City/State)	Dates Attended		Major or Area of Study	Type of Degree Certificate	Date Received or Expected
		From	To			
<input type="checkbox"/> Some high school		<input type="checkbox"/> Associate's degree			<input type="checkbox"/> Graduate degree	
<input type="checkbox"/> High school diploma or GED		<input type="checkbox"/> Some college			<input type="checkbox"/> Other (please specify):	
<input type="checkbox"/> Technical school/Apprenticeship		<input type="checkbox"/> Bachelor's degree				

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

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training and employment training programs.

- A.
- B.
- C.
- D.

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
<p>A. Organization, City/State:</p> <p>_____</p> <p>_____</p> <p>Supervisor: Phone and email</p> <p>_____</p>	<p>From: ____/____</p> <p style="text-align: center;">MO./YR.</p> <p>To: ____/____</p> <p style="text-align: center;">MO./YR.</p> <p>Hrs./week: _____</p>	<p>Title: _____</p> <p>Duties: _____</p> <p>_____</p> <p>Reason for leaving: _____</p> <p>_____</p>
<p>B. Organization, City/State:</p> <p>_____</p> <p>_____</p> <p>Supervisor: Phone and email</p> <p>_____</p>	<p>From: ____/____</p> <p style="text-align: center;">MO./YR.</p> <p>To: ____/____</p> <p style="text-align: center;">MO./YR.</p> <p>Hrs./week: _____</p>	<p>Title: _____</p> <p>Duties: _____</p> <p>_____</p> <p>Reason for leaving: _____</p> <p>_____</p>

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 _____

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

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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 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.

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

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: _____

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

1. 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 is this applicant, as demonstrated by work in the community, in school, on the job, or in a position of responsibility? Please check one.

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.

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.**

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
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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: _____

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

1. 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 is this applicant, as demonstrated by work in the community, in school, on the job, or in a position of responsibility? Please check one.

- Outstanding performance
- Above average performance
- Satisfactory
- Below average performance
- Unsatisfactory performance

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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) _____

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 or FEMA Corps, send your application to:

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

