

External Reviewer Application Instructions

PUBLIC BURDEN STATEMENT: Public reporting burden for this collection is estimated to average 45 minutes per submission, including reviewing instructions, gathering and maintaining the data needed, completing the form, and reviewing the collection of information. Comments on the burden or content of this instrument may be sent to AmeriCorps, Attn: Amy Borgstrom, 250 E. Street SW, Washington, D.C. 20525. You are not required to respond to the collection 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, a federal agency, brings people together to tackle the country's most pressing challenges, through national service and volunteering. AmeriCorps members and AmeriCorps Seniors volunteers serve with organizations dedicated to the improvement of communities. AmeriCorps helps make service to others a cornerstone of our national culture.

By bringing people together to serve communities, AmeriCorps is making service to others an indispensable part of the American experience. We offer individuals and organizations flexible ways to make a local impact through our programs, which include: State and National, VISTA, NCCC, Foster Grandparents, Senior Companions, RSVP, and Volunteer Generation Fund, along with initiatives including September 11 National Day of Service and Remembrance and Martin Luther King Jr., National Day of Service. Our purpose is to bring out the best of America by providing opportunities for Americans to serve their country domestically, address the nation's challenges, improve lives and communities, and strengthen civic engagement. AmeriCorps engages External Reviewers to review and assess the quality of applications based upon the published selection criteria in the Notice of Federal Funding. Reviewers are selected without regard to race, color, national origin, sex, age, or disability.

Individuals seeking to be an AmeriCorps External Reviewer are prompted to create an account in AmeriCorps' online system. Once an account has been established, the prospective Reviewer can log into the system and begin a Reviewer Profile by clicking on the "Reviewer Application" tab at the top of the screen. The tab will show the Reviewer's initial information captured when the account was created, as well as fields to include his or her demographic information, education history, and employment history. Required fields are indicated by a partial red highlight and additional context is provided in the help text. Upon completion of all the required fields, the prospective Reviewer can submit the Reviewer Application. Once submitted, the application is reviewed by AmeriCorps staff to determine if the individual meets the requirements to become an External Reviewer for AmeriCorps. This information is used for the purpose of engaging External Reviewers and may be used to further that purpose and for any other lawful purpose.

Welcome Guest

Become a Peer Reviewer

Create New Profile Menu

cancel

save

next  Login Information

Rules of Behavior

Personal Profile

Contact Information

Education/Job History

Affiliations/Publications

Review and Submit

Login Information

Please enter your login information. Enter your name exactly as it appears on your government-issued identification. All questions marked with an asterisk (*) are required.

Prefix: Preferred Name: * First Name: Middle Name: * Last Name: Suffix: * User Name: (ex: rsmith, rsmith2004) * New Password: * Retype New Password: * Password Question: * Password Answer: * Email: * Retype e-mail: 

cancel

save

next 

Welcome Katherine

Become a Peer Reviewer

Create New Profile Menu

[Login Information](#)[Rules of Behavior](#)[Personal Profile](#)[Contact Information](#)[Education/Job History](#)[Affiliations/Publications](#)[Review and Submit](#)[← back](#)[save](#)[next →](#)

Rules of Behavior

Before you can access your account please open and read the **System Rules of Behavior** for the CNCS eGrants application. After you have read the document please check the acknowledgement below and click next/submit.

You must view or print the document before you can check the acknowledgement.

Acknowledgement

- I agree to not share my password with anyone.
- I agree to protect Sensitive and Personally Identifiable Information.
- I acknowledge that I am the account holder.
- I will access only the information for which I've been authorized, and have "need to know/access."

*I accept and agree to abide by the System's Rules of Behavior

[← back](#)[save](#)[next →](#)

Welcome Katherine

Become a Peer Reviewer

[back](#) [save](#) [next](#)

Create New Profile Menu

Login Information

Rules of Behavior

Personal Profile

Contact Information

Education/Job History

Affiliations/Publications

Review and Submit

Personal Profile

Please enter your personal profile information.

Sex:

Date of Birth: / /

Ethnicity Type:

Race Type: Please check all that apply ...

- American Indian/Alaskan
- Asian
- Black/African American
- Hawaii/Pacific Islander
- White (non-Hispanic)

Referred to egrants by:

Special Accommodations: (Max. 250 chars)

[back](#) [save](#) [next](#)

Welcome Katherine

Become a Peer Reviewer

[back](#) [save](#) [next](#)

Create New Profile Menu

Login Information

Rules of Behavior

Personal Profile

Contact Information

Education/Job History

Affiliations/Publications

Review and Submit

Personal Profile

Please enter your personal profile information.

Sex: ?

Date of Birth: / ?

Ethnicity Type: ?

Race Type: apply ... ?

American Indian/Alaskan

Asian

Black/African American

Hawaii/Pacific Islander

White (non-Hispanic)

Referred to egrants by: ?

Special Accommodations: (Max. 250 chars) ?

[back](#) [save](#) [next](#)

Welcome Katherine

Become a Peer Reviewer

[back](#)[save](#)[next](#)

Create New Profile Menu

[Login Information](#)[Rules of Behavior](#)[Personal Profile](#)[Contact Information](#)[Education/Job History](#)[Affiliations/Publications](#)[Review and Submit](#)

Contact Information

ADDRESS (new) 1:

* Street Address 1: Street Address 2: * City: * State: * Zipcode: - * Address Type: Address Location: Preferred Address?: Overnight Delivery?: * Daytime Phone: . . ext. Evening Phone: . . Fax: . . Cell: . . [Add additional addresses](#)[back](#)[save](#)[next](#)

Welcome Katherine

Become a Peer Reviewer

[back](#) [save](#) [next](#)

Create New Profile Menu

[Login Information](#)[Rules of Behavior](#)[Personal Profile](#)[Contact Information](#)[Education/Job History](#)[Affiliations/Publications](#)[Review and Submit](#)

Please select your highest level of education. ?

- High School diploma or GED
- Some college
- Vocational or Associate degree
- College degree
- Some graduate education
- Graduate degree
- None of the above

List of Education/Job History

Please update your education/job history by clicking on the "add a new" button below or click on edit to make changes of your existing information.

[add a new](#)[back](#) [save](#) [next](#)

Become a Peer Reviewer

Education/Job History

cancel

save & close

Education Job [?]

Start Date / / [?]

End Date / / [?]

College/Employer [?]

Organization Type [?]

Area(s) of study/Degree/Job Description (Max: 4000 chars) [?]

cancel

save & close

Become a Peer Reviewer

Education/Job History

cancel

save & close

Education Job ?

Start Date / / ?

End Date / / ?

College/Employer ?

Organization Type ?

Area(s) of study/Degree/Job Description (Max: 4000 chars) ?

cancel

save & close

Welcome Katherine

Become a Peer Reviewer

[back](#) [save](#) [next](#)

Create New Profile Menu

[Login Information](#)[Rules of Behavior](#)[Personal Profile](#)[Contact Information](#)[Education/Job History](#)[Affiliations/Publications](#)[Review and Submit](#)

Please select your highest level of education. ?

- High School diploma or GED
- Some college
- Vocational or Associate degree
- College degree
- Some graduate education
- Graduate degree
- None of the above

List of Education/Job History

Please update your education/job history by clicking on the "add a new" button below or click on edit to make changes of your existing information.

Test School, Test school, 01/01/2025 ~ 01/01/2025

[view/edit](#) | [remove](#)[add a new](#)[back](#) [save](#) [next](#)

Welcome Katherine

Become a Peer Reviewer

Create New Profile Menu

[Login Information](#)[Rules of Behavior](#)[Personal Profile](#)[Contact Information](#)[Education/Job History](#)[Affiliations/Publications](#)[Review and Submit](#)[back](#)[save](#)[next](#)

Please select your highest level of education. ?

- High School diploma or GED
- Some college
- Vocational or Associate degree
- College degree
- Some graduate education
- Graduate degree
- None of the above

List of Education/Job History

Please update your education/job history by clicking on the "add a new" button below or click on edit to make changes of your existing information.

Test School, Test school, 01/01/2025 ~ 01/01/2025

[view/edit](#) | [remove](#)

Test job, Test Job, 01/01/2025 ~ 01/01/2025

[view/edit](#) | [remove](#)

Areas of Expertise

Add Expertise  ?[add a new](#) [back](#)[save](#)[next](#)

Become a Peer Reviewer

Expertise History

cancel

save & close

Job Information

Employer: Test job
01/01/2025 ~ 01/01/2025
Job Description: Test Job

Select Area of Expertise

Category: ?

Expertise: ?

Years as a Professional ?

Years as a Volunteer ?

cancel

save & close

Welcome Katherine

Become a Peer Reviewer

[back](#)[save](#)[next](#)

Create New Profile Menu

[Login Information](#)[Rules of Behavior](#)[Personal Profile](#)[Contact Information](#)[Education/Job History](#)[Affiliations/Publications](#)[Review and Submit](#)

Affiliations/Publications ?

Please add your affiliations information by clicking on the "Add new affiliations" link below.

[Add a new affiliation/publication](#)[back](#)[save](#)[next](#)

Become a Peer Reviewer

?

Affiliations/Publication

cancel

save & close

1. Name of the organization with which you are affiliated...

-or-

Title of the publication with which you are affiliated... ?

2. Position/Relationship (Employee, Board Member, General Member, etc.):

-or-

Role in Publication (Editor, Author, Contributor, etc.)... ?

For **Affiliations** only...

3. If the above organization receives or has received support from CNCS, Please tell us through which program by clicking on the "Select a CNCS program" link. You may add as many CNCS programs by clicking on the "Select a CNCS program" link. ?

Select a CNCS program →

cancel

save & close

Become a Peer Reviewer

[back](#)[submit](#)

Please edit/review and submit your information

Please review your information and click on the "edit" to make any changes.

IMPORTANT NOTICE

OMB Control Number: 3045-0090

Expiration Date: 5/31/2026

Public Burden Statement: Public reporting burden for this collection is estimated to average 45 minutes per submission, including reviewing instructions, gathering and maintaining the data needed, completing the form, and reviewing the collection of information. Comments on the burden or content of this instrument may be sent to AmeriCorps, Attn: Amy Borgstrom, 250 E. Street SW, Washington, D.C. 20525. You are not required to respond to the collection unless the OMB control number and expiration date displayed are current and valid. (See 5 C.F.R. 1320.5(b)(2)(i).)

Privacy Act Statement:

Pursuant to 5 U.S.C. § 552a (e)(3), this Privacy Act Statement explains why AmeriCorps is requesting the information on this form.

Authority: AmeriCorps is authorized to collect the information requested on this form pursuant to National and Community Service Act, as amended by National and Community Service Trust Act of 1993.

Purpose: The principal use of this information will be to assess qualification and eligibility of external reviewer for AmeriCorps grant competitions and process honoraria.

Routine Uses: The information you provide on this form may also be disclosed internally with authorized AmeriCorps employees and contractors who may have a need to know it in connection with your application. A list of routine uses associated with this form can be found in the Privacy Act System of Records Notice (SORN), CNCS-04-CPO-MMF-Member Management Files (MMF), available at <https://www.federalregister.gov/documents/2020/01/23/2020-01080/privacy-act-of-1974-system-of-records>.

Disclosure: Providing this information is voluntary, however failure to provide it may result in inability in processing your application.

[back](#)[submit](#)