

## Member Application

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**How to apply:** In order for applications to be considered, they must be **received by April 12th, 2024**. Please fill out this member application and send it with your cover letter and resume to [info@huronpines.org](mailto:info@huronpines.org). Incomplete applications will not be accepted. Interviews will be arranged as applications are received. All position descriptions are available at [www.huronpines/AmeriCorps.org](http://www.huronpines/AmeriCorps.org). Please see website for any changes to the application deadline.

**Reasonable accommodations:** If you need to make a request for a reasonable accommodation, due to a disability, such as to obtain materials in a format that works for you or to fully participate in the application process, please contact Amanda Vanaman, AmeriCorps Program Manager at (231) 340-1146 or at [amanda@huronpines.org](mailto:amanda@huronpines.org) with questions.

### Contact Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

### Select AmeriCorps Positions:

The positions are listed by entity, title of position, and location of position. Select all positions you are applying for:

- The Botanic Garden at Historic Barns Park, Garden Ambassador (2 positions), Traverse City, MI
- Leelanau Conservancy, Stewardship Technician (2 positions), Leland, MI



## **Contact Information Continued:**

**Current Address:** All information will be sent to this address unless you notify Huron Pines AmeriCorps of a change. Include a street address, when using a PO Box.

Street Address (include Apartment Number): \_\_\_\_\_

PO Box (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Email Address (A majority of communication occurs via email; enter the email address you will have constant access to):

\_\_\_\_\_

**Permanent Address** (if different than above): Include a street address, when using a PO Box.

Street Address (include Apartment Number): \_\_\_\_\_

PO Box (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please give the name and address of a person through whom you can always be reached:**

Name: FIRST \_\_\_\_\_ LAST \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address (include Apartment Number): \_\_\_\_\_

PO Box (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Additional Application Questions:

**AmeriCorps members begin service on May 14th, 2024. Are you available to begin on that date?**

Yes  No, enter the earliest date you are available to begin service (MM/DD/YYYY): \_\_\_\_\_

Do you understand that if you accept a Huron Pines AmeriCorps position, you will be committing to serve 900 hours of service beginning May 14, 2024, and ending on November 1, 2024?

Yes  No

**Check the highest level of education that you will have completed by the time you start service in AmeriCorps (check only one).**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> High school diploma or GED      | <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Technical school/Apprenticeship | <input type="checkbox"/> Some college       | <input type="checkbox"/> Graduate degree   |
| <input type="checkbox"/> Other (please specify): _____   |   |  |

**How did you hear about this position?**

- College/University (School \_\_\_\_\_)
- Facebook
- Instagram
- Tick Tock
- Huron Pines website
- Handshake
- Host organization announcement/website
- Current or former AmeriCorps member (if so who \_\_\_\_\_)
- Friend/Family
- Other (Please explain \_\_\_\_\_)

**AmeriCorps is part of a national service program designed to strengthen citizenship and the ethic of service.**

- What does community service mean to you?



- How have you been involved in your community?

## **Former AmeriCorps Service:**

Have you previously served in AmeriCorps?  Yes  No

If no, skip to **References**.

If yes, check all that apply below:

- AmeriCorps\*VISTA       AmeriCorps\*NCCC       AmeriCorps\*State and National

**Program Location:** City: \_\_\_\_\_ State: \_\_\_\_\_

**Dates Served:** From (MM/YYYY): \_\_\_\_\_ To (MM/YYYY): \_\_\_\_\_

**Did you complete your term of service?**  Yes  No

If No, why not? \_\_\_\_\_

**If you served in an organization, complete the following (add additional pages if necessary):**

**Organization Name:** \_\_\_\_\_ **Total Hours Served:** \_\_\_\_\_

**Description of Involvement:** \_\_\_\_\_

## **REFERENCES**

Please provide the contact information for three references.

Reference Name (Last, First): \_\_\_\_\_

Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail REQUIRED: \_\_\_\_\_

Reference Name (Last, First): \_\_\_\_\_

Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail REQUIRED: \_\_\_\_\_

Reference Name (Last, First): \_\_\_\_\_

Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail REQUIRED: \_\_\_\_\_

## **BACKGROUND CHECKS**

An FBI background check and federal sexual offender registry check must be conducted on all AmeriCorps members. Existence of a criminal conviction/adjudication may or may not, depending on the circumstances, disqualify you from consideration. However, any intentional misrepresentation or omission will disqualify you. You will be informed of the results of these checks. If the results disqualify you for service, you will have the opportunity to challenge the results.

***The information below is required to complete background checks. Failure to provide info results in an incomplete application and ineligibility for the program.***

**Yes**, I authorize Huron Pines to conduct criminal history checks and sexual offender registry checks. All results will be strictly confidential. THIS MUST BE CHECKED

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

**Male**    **Female**    **Prefer Not to Answer**

**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? \_\_\_\_\_

Please answer the following questions fully. Do not include minor traffic violations.

Have you ever been convicted, 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 now:

Under charges for any offenses?  Yes    No

On probation or parole?  Yes    No

If No, skip to **Certification** below. **If you answered Yes to any of the above three questions, please provide the following information:**

**Date (MM/DD/YYYY):** \_\_\_\_\_

**Location (City & State):** \_\_\_\_\_



Charge: \_\_\_\_\_ Action Taken: \_\_\_\_\_

Court, Probation, or Parole Officer: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )

Street Address (include Apartment Number): \_\_\_\_\_

PO Box (if applicable): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **CERTIFICATION**

*Your application must be certified*

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. I understand that misinformation or omission of information could result in disqualification and/or termination as an AmeriCorps member. I also understand that my selection for participation in some AmeriCorps programs, including AmeriCorps\*NCCC, will require a physical examination, including drug and 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. 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 will not otherwise be disclosed to entities outside of AmeriCorps and the Corporation for National and Community Service without your prior written permission.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*\*By typing your name on the line that signifies your electronic signature for this application*

**When submitting this application remember to include your cover letter and resume.**