

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 _____

Permanent Address (if different than above) – please give the name and address of a person through whom you can always be reached:

Name: _____
FIRST LAST

Relationship: _____

NUMBER AND STREET (IF POSSIBLE, INCLUDE A NUMBER AND STREET ADDRESS WHEN USING A P.O. BOX)

CITY

STATE

ZIP CODE

Phone () _____

E-mail _____

Check the highest level of education that you will have completed by the time you are planning to serve in AmeriCorps (check only one).

High school diploma or GED

Associate's degree

Bachelor's degree

Technical school/Apprenticeship

Some college

Graduate degree

Other (please specify): _____

How did you hear about this position?

College/University (School _____)

Ad in the local newspaper

Huron Pines website

Host organization announcement/website

Current or former AmeriCorps member

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?

If you served in an organization, complete the following:

Organization Name: _____ Total Hours Served: _____

Description of Involvement: _____

Organization Name: _____ Total Hours Served: _____

Description of Involvement: _____

Have you previously served in AmeriCorps? Yes No
(Check all that apply):

AmeriCorps VISTA

AmeriCorps NCCC

AmeriCorps State and National

Program Location: _____; From: _____ To: _____
CITY STATE MONTH/YEAR MONTH/YEAR

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

If no, why not? _____

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: _____

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.

____ Yes, I authorize Huron Pines to conduct criminal history checks and sexual offender registry checks. All results will be strictly confidential.

The information below is required to complete background checks.

Date of Birth: _____
MONTH/DAY/YEAR

Place of Birth: _____

Male ____ Female ____

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 yes, please provide the following information:

Date: _____ Place: _____
MONTH/DAY/YEAR CITY STATE

Charge: _____ Action Taken: _____

Court, Probation, or Parole Officer: _____ Phone: (_____) _____

Address: _____
STREET ADDRESS CITY STATE ZIP CODE

CERTIFICATION

Your application must be certified with your original signature in ink.

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

- Typing your name on the line signifies your electronic signature for this application.