



AmeriCorps Member Application

How to apply: In order for applications to be considered, they must be **received by Friday, March 29, 2019**. Please fill out the member application and send with your cover letter and resume to the Program Manager at Huron Pines. Position descriptions are available at www.huronpines.org/amicorps. Incomplete applications will not be accepted. Interviews will be scheduled directly with Host Sites at various locations in Michigan.

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 us.

Contact Sarah Topp, AmeriCorps Coordinator at (989) 448-2293 x30 or sarah@huronpines.org with questions.

Application Checklist:

- Member application
- Cover letter
- Resume

email information to:

Sarah Topp, AmeriCorps Coordinator
sarah@huronpines.org

There are 7 open positions. Check all positions for which you are applying:

- Antrim Conservation District
- DNR Grayling- Conservation Program Developer
- Grand Traverse Regional Land Conservancy (4 positions)- Stewardship Technician
- Keweenaw Education & Stewardship Specialist

For any question, you may attach any additional information or explanation on a separate sheet.

Name:

LAST

FIRST

MIDDLE

AmeriCorps members begin service on May 13, 2019. Are you available to begin on that date?

Yes No

If No, earliest date you are available to begin service:

MONTH/DAY/YEAR

Do you understand that if you accept a Huron Pines AmeriCorps position, you will be committing to serve 900 hours of service beginning May 13, 2019 through November 15, 2019? Yes No

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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).

- | | | |
|--|---|--|
| <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 _____)
- Ad in the local newspaper
- Huron Pines website
- Host organization announcement/website
- Current or former AmeriCorps member
- Friend/Family
- Other (Please explain _____)

4241 Old US 27 South, Suite 2, Gaylord, MI 49735 | huronpines.org/ameriCorps | (989) 448-2293

Huron Pines AmeriCorps is a program of Huron Pines and is supported in part by the Corporation for National and Community Service, Michigan Community Service Commission, Huron Pines and contributions from host sites.

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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?

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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: _____

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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:

MONTH/DAY/YEAR

Place:

CITY

STATE

Charge:

Action Taken:

Court, Probation, or Parole Officer:

Phone: (_____)

Address:

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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 _____

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

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