



AmeriCorps & CHILDREN TOGETHER

AMERICORPS MEMBER APPLICATION

2011-2012

APPLICANT PROFILE

Type or neatly print your responses in black ink. Please complete all questions.

Full Name: _____
First Middle Last

What name do you prefer to be called: _____

Address: _____
Street/Apt. City State Zip

Home Phone: (_____) _____ Business/Cell: (_____) _____

E-mail Address: _____
(Please notify us of any changes in your contact information.)

Are you a US Citizen, national, or legal permanent resident alien of the United States?: Yes No

Are you at least 18 years old? Yes No

Do you have reliable transportation? Yes No

Have you previously served in an AmeriCorps program? Yes No

Name of Program: _____

Program Director/Coordinator: _____

Location: _____ From: _____ To: _____
City State month/yr month/yr

Have you begun a service year with an AmeriCorps program and were unable to successfully finish? Yes No
If yes, please describe why: _____

Which position are you applying for *(please check one)*: Full-time Part-time

Which counties are you interested in serving: *(Of the counties in which you would be willing to serve, please prioritize your choice by number, 1 being your first choice, 2 your second, etc)*

Alexander Rowan Rockingham Stanly
 Forsyth Stokes Buncombe Cabarrus
 Surry Guilford Other _____



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EMPLOYMENT HISTORY

Please include any salaried employment, self-employment, home management, and military service. List your current or most recent position first. You may attach a résumé or curriculum vitae in addition.

1. Employer: _____

Address: _____

Dates: _____ Position Title: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Supervisor: _____ Phone: (_____) _____

2. Employer: _____

Address: _____

Dates: _____ Position Title: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Supervisor: _____ Phone: (_____) _____

3. Employer: _____

Address: _____

Dates: _____ Position Title: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

Supervisor: _____ Phone: (_____) _____



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EDUCATION

Please indicate the highest level of education you will have completed by the time you begin service in AmeriCorps. (Check only one.)

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

(If you have not yet earned a high school diploma or GED you will be required to show documentation that you will finish high school or receive your GED by the end of the service year.)

Please list all schools attended, including high school, trade or technical schools, community colleges, universities, etc. Begin with the most recent. You may attach additional sheets if needed.

Name of School: _____

Location: _____

Dates Attended: _____

Degree Received: _____

Area of Study (major/minor): _____

Name of School: _____

Location: _____

Dates Attended: _____

Degree Received: _____

Area of Study (major/minor): _____

Name of School: _____

Location: _____

Dates Attended: _____

Degree Received: _____

Area of Study (major/minor): _____



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EXPERIENCES

Please list any experience, training, or community service that you have been involved with and wish to make known to ACT. Please list any special awards or recognitions that you have received.

Are you proficient in any language other than English? Yes No

Other Language(s): _____ Years studied or spoken: _____

Speaking Ability: Poor Fair Good Excellent

Writing Ability: Poor Fair Good Excellent

REFERENCES

Please list three references that could best evaluate your personal and professional success. Recommendations from family members are not permitted.

1, Name of Reference: _____ Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____

E-mail: _____ Years Known: _____

2. Name of Reference: _____ Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____

E-mail: _____ Years Known: _____

3. Name of Reference: _____ Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____

E-mail: _____ Years Known: _____



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SHORT ANSWER

Please reply to the following questions in the space provided.

1. Why do you want to join the AmeriCorps and Children Together program?

2. How do you work independently? How do you work as a team?

3. Tell us about a volunteer service experience and why it was valuable to you.

4. What changes would you like to see your local community, state, or country?

5. Tell us about a time when you were working with someone different from you. What were the challenges and rewards?



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CRIMINAL HISTORY

Have you been:

- convicted of any criminal offence by a civilian court or by military authorities within the last seven years? Yes No
- adjudicated or held responsible as a juvenile offender of any criminal offense? Yes No

Are you now:

- under charges for any criminal offense or are any civil suits or judgments pending against you? Yes No
- on probation or parole? Yes No

If you answered "yes" to any of the above questions, please explain in the space below. Please list the location, charge, date, and punishment. Conviction of a crime will not necessarily disqualify you from serving. Each instance and action will be considered in relation to the position for which you are applying. However, any intentional misrepresentation or omission will disqualify you. The conviction or substantiation of child abuse, child neglect, a violent crime, or a sexual crime will disqualify you from service. Do not include minor traffic violations. A criminal background check will be conducted on all applicants.

Permission to Conduct a Criminal Background History Check

Please **initial** one of the following:

_____ Yes, I authorize Stokes Partnership for Children to conduct a criminal history background check on me for the AmeriCorps and Children Together program and to share any information gathered with appropriate stakeholders.

_____ No, I do not authorize Stokes Partnership for Children to conduct a criminal history background check on me for the AmeriCorps and Children Together program.



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For parent or guardian of applicants currently 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: _____
Street/Apt. City State Zip

PERSONAL EXPRESSION

Please attach a typed or neatly handwritten essay answer for the following question.

What experiences have you had working with children in your personal or professional life? What have been some of the challenges? What was most valuable about your experience? What did you enjoy most or find most rewarding?



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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 and Children Together, will require a physical examination, a tuberculosis test, and a drug and alcohol screening. By signing this application I grant permission to the AmeriCorps and Children Together program to conduct a criminal background check and to share any information obtained with appropriate stakeholders. I further acknowledge that all information should be kept in a locked cabinet to ensure confidentiality and that I have the right to review and challenge the information gathered. I understand that selection into the ACT program is contingent upon the agency's review of the individual's criminal history and the agency's determination that the results are considered to be satisfactory. I understand that I am responsible for obtaining all tests, screenings, and checks and will be reimbursed for them if I am accepted into the program.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with AmeriCorps and Children Together/Stokes Partnership for Children is of an "at will" nature, which means that I may resign at any time and the employer may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the organization.

If accepted for service, I agree to abide by the rules and policies of the AmeriCorps and Children Together program. I understand that no representative of AmeriCorps and Children Together has any authority to enter into any agreement contrary to the rules and policies of the employer.

I understand that this application is not an employment contract.

PRIVACY ACT NOTICE

The Privacy Act of 1974 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.

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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 Service without your prior written permission.

Name of Applicant (*please print*)

_____-_____-_____
Social Security Number

Signature of Applicant

Date

*OPTIONAL INFORMATION

The following information will be used for statistical purposes and will not be used in the evaluation of your application. Completing this section is optional.

*What is your ethnicity? (*check all that apply*)

- Native American or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- White or Caucasian
- Multi-racial

*What is your gender?

- Female
- Male

*Date of Birth: _____
month/ day/ year

*How did you hear about this program? _____

Applications accepted from March 1st, 2011 to July 1st, 2011.

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