

AMERICORPS APPLICATION



AMERICORPS APPLICATION INSTRUCTIONS

- 1. Complete this application by printing clearly in black/blue ink or typing.
- 2. Give full and complete information
- **3.** Questions that do not apply to you, please write "N/A" (Not Applicable).
- **4.** If additional space is needed, separate sheet(s) may be attached.
- 5. If you wish to submit a RESUME, your resume must contain all of the required information under the employment section of this application.

6. ATTACH THE FOLLOWING DOCUMENTS WITH APPLICATION:

- A. Proof of Citizenship (Copy of Passport or Birth Certificate)
- B. Copy of High School Diploma, GED, or letter of expected graduation date
- 7. CONTACT AND SUBMIT application to AmeriCorps Programs listed on page 4 of application.

PLEASE LIST THREE (3) REFERENCES

1.	Name of Reference:						
	Position/Title:	Last	First	Middle			
	Organization/Institution:						
	Address:	GIVE NUMBER AND ST		STATE	ZIP CODE		
	Home Phone: ()	Work Pho	one: ()	E-mail:			
2.	Name of Reference:						
	Position/Title:	Last	First	Middle			
	Organization/Institution:						
	Address:	GIVE NUMBER AND ST		STATE	ZIP CODE		
	Home Phone: ()	Work Pho	one: ()	E-mail:			
3.	Name of Reference:						
	Position/Title:						
	Organization/Institution:						
	Address:	GIVE NUMBER AND ST		STATE	ZIP CODE		
	Home Phone: ()	Work Pho	one: ()	E-mail:			

PERSONAL PROFILE

1.	NAME:		
	LAST	FIRST	MIDDLE
2.	If you are a lawful permanent re what is your registration number	esident alien and you receiver	ent resident alien? □ Yes □ No ved your card after January 1987, and card
3.	SOCIAL SECURITY NUMBER	:	
4.	DATE OF BIRTH:	MONTH / DAY / YEAR	
5.	PLACE OF BIRTH:	STATE / COUNTRY	
6.	GENDER: □ Male □ Female		
7.	Earliest date you are available	to begin service:	NTH / DAY / YEAR
	CURRENT ADDRESS: <u>All inforr</u>		
	NUMBER AND STREET (IF POSSIE	BLE, INCLUDE A NUMBER AND STR	EET ADDRESS WHEN USING A P.O. BOX)
	CITY	STATE	ZIP CODE
	Home Phone: ()	Work Phone: ()	E-Mail:
9.	Are you moving within the next		If yes*, when? MONTH/DAY/YEAR of new address at time of move.
10	. PERMANENT ADDRESS: (if of person through whom you can		se give the name and address of a
	Name:	LAST	Relationship:
	NUMBER AND STREET (IF POSS	IBLE, INCLUDE NUMBER AND STR	EET ADDRESS WHEN USING A P.O. BOX)
	CITY	STATE	ZIP CODE
	Home Phone: ()	Work Phone: ()	E-Mail:

11. Which AmeriCorps program are you applying to? Check only one in the next page. (If you are applying to more than one AmeriCorps program, check one after you copy your application for each program.

Department of Agriculture: Organic Watershed Health & Conservation

Members will aid in the planting and propagation of seedlings, which will be used for the restoration of identified watersheds and assist in Organic Farming education and awareness.

□ Contact: Peter Terlaje @ 734/5-3946

Department of Youth Affairs: Dedicated Youth Advocates (DYA) AmeriCorps Program

Members will mentor/homework assist at-risk youth under the Jumpstart and Aftercare Programs and provide constructive out of school activities in various community resource centers.

Contact: Arleen Tedtaotao @ 735-5009/734-9825

Inafa' Maolek: Conflict Coaching Program for Public Secondary Schools

Members assigned to each school will recruit and train students to become student conflict coaches. Contact: Pat Wolff @ 475-1977 or 649-7502

Contact: Pat wom @ 475-1977 of 049-7502

Micronesian Business Association: Impact Today!

Members will carry out presentations providing an educational strategy for workplace readiness via lecture, role-playing, group interaction and discussion. Members will also assist in the follow-up component after participants have completed the program.

Contact: Bobbie Roberto @ 647-4742

Sanctuary, Incorporated: Ayuda Para I Komunidat

Members will carry out enrichment activities and have the direct involvement of community volunteers in workshops and classes on improving parenting skills, parent support groups, anger management classes, assistance with developing neighborhood watch programs, tutoring and mentoring for students and youth, and drug and alcohol abuse prevention workshops.

□ Contact: George L. Salas @ 475-7101

University of Guam: UOG Success Center Program

Members will provide tutoring, homework assistance and mentoring in order to improve student success. Members will be assigned to various Success Centers in Guam Public High Schools, or private school and or at the UOG Success Centers depending upon member qualifications.

□ Contact: Claudia Taitano @ 735-2234

EDUCATION

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

□ Some high school

- □ Associate's degree
 □ Some college
- □ Graduate degree
- □ Other (please specify):

- High school diploma or GED
 Technical school/Apprenticeship
- □ Bachelor's degree

13. List all schools after high school that you have attended, including trade or technical schools, military training, and employment training programs:

	Name of School	Location	Dates A	Attended	Major or	Type of	Date
	(List most recent first)	of School (City/State)	From Mo./Yr.	To Mo,/Yr.	Area of Study	Degree or Certificate	Received or Expected
A.							
В.							
с.							

COMMUNITY SERVICE (Previous service is not always a requirement.)

Describe how you have reached out to help others and/or how you have been involved in your own community. Elaborate on why you decided to serve or get involved, and what you received in return—that is, what you learned or how it made you feel. Think in broad terms. Attach a separate sheet of paper if you need more space.

organization name, location, dates, a separate sheet of paper if you need	our community? <i>If you served in an</i> and phone number. List your most more space.	recent activity first. Attach
A. DATES OF INVOLVEMENT: From	n: To: month/year month/ye	Hours per mo.:
Organization Name:	Location:	Phone:
Description of Involvement:		
B. DATES OF INVOLVEMENT: From	n: To: month/year month/ye	Hours per mo.:
Organization Name:	Location:	Phone:
Description of Involvement:		
15. Have you previously served in Ame Program Name: Check all that app	ıly:	
	Corps*NCCC AmeriCorps*Si	tate and National

EMPLOYMENT

16. List and briefly describe the last four positions you have held. Begin with the current or most recent and go back ten years. Include self-employment, internships/fellowships, home management, and full- or part-time paid or unpaid work experience. (You may attach a resume instead only if it addresses the information requested below.)

NAME AND ADDRESS OF EMPLOYER	DATES	JOB TITLE AND DUTIES
A. Organization, City/State:	From:/ 	Title: Duties: Reason for leaving:
B. Organization, City/State:	From: / MO./YR. To:/ 	Title: Duties:
Supervisor: Phone and e-mail	Hrs/week:	Reason for leaving:
C. Organization, City/State:	From: / MO./YR. To:/	Title: Duties:
Supervisor: Phone and e-mail	MO./YR. Hrs/week:	Reason for leaving:
D. Organization, City/State:	From:/ 	Title: Duties:
Supervisor: Phone and e-mail	MO./YR. Hrs/week:	Reason for leaving:

17. Explain any period of time greater than six months not accounted for by work, school, or military service.

MOTIVATIONAL STATEMENT

18. Why do you want to join AmeriCorps? What could you contribute to your AmeriCorps project? What do you hope to gain from serving as an AmeriCorps member? If you need additional room, attach a separate piece of paper and limit your response to 500 words.

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SKILLS AND EXPERIENCE

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19. Listed below are skill areas that some programs find useful and may seek in applicants for AmeriCorps. Indicate the skill areas in which you have had training or experience, including volunteer or community service experience, and indicate how you gained those skills.

EXAMPLE: Counseling Dorm Advisor	
Architectural Planning	□ Law
Business/Entrepreneur	Leadership
Communications	Medicine
Community Org./Development	Public Health
Computers/Technology	Public Speaking
Conflict Resolution	Recruitment
Counseling	Teaching/Tutoring
Education	Trade/Construction
Fine Arts/Crafts	Writing/Editing
First Aid	Youth Development
Fundraising/Grant Writing	Other (specify):

20. Do you know or have you studied any language other than English?
Q Yes
No

Language:		Number of	Years Studied or Spoken:	
Speaking Ability: 🛛 Poor	🗆 Fair	Good	Excellent	
Writing Ability: 🛛 Poor	🗆 Fair	Good	□ Excellent	<u>,</u> 2.

21. In the space below or on a separate sheet of paper, provide any additional skills and experience that may be helpful in evaluating your application.

22.	Do you	have a	valid	driver's	license?	🗆 Yes	🗆 No
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LEGAL

Answer the following questions fully. Existence of criminal conviction/adjudication may or may not, depending on the circumstances, disqualify you from consideration. However, any intentional misrepresentation or omission will disqualify you. Do not include minor traffic violations.

23. 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 questions above, please provide the	following i	nformation:

Date:	РІасе:	STATE
Charge:	Action Taken:	

Court, Probation, or Parole Officer:_		Phone: ()
, ,	NAME		
Address:			
STREET ADDRESS	CITY	STATE	7IP CODE

CITY

STATE

ZIP CODE

You may attach any	additional information or explanation on a separate sheet.	

CERTIFICATION

Your application must be certified with your original signature in ink. If you are applying to more than one AmeriCorps program, make a copy for each program that you're applying to first, then sign each one.

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

For Parent or Guardian of Applicants 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:				
Relationship:	Phone: ()	E-mail:		
Address:	СІТҮ	STATE	ZIP CODE	