



AMERICORPS APPLICATION

**YOUR ISLAND.
YOUR CHANCE
TO MAKE IT BETTER.**



APPLY TODAY!



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**

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.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> Some college | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Technical school/Apprenticeship | <input type="checkbox"/> 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 (List most recent first)	Location of School (City/State)	Dates Attended		Major or Area of Study	Type of Degree or Certificate	Date Received or Expected
		From Mo./Yr.	To Mo./Yr.			
A.						
B.						
C.						

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.

14. How have you been involved in your community? *If you served in an organization, include the organization name, location, dates, and phone number. List your most recent activity first. Attach a separate sheet of paper if you need more space.*

A. DATES OF INVOLVEMENT: From: _____ To: _____ Hours per mo.: _____
MONTH/YEAR MONTH/YEAR

Organization Name: _____ Location: _____ Phone: _____

Description of Involvement: _____

B. DATES OF INVOLVEMENT: From: _____ To: _____ Hours per mo.: _____
MONTH/YEAR MONTH/YEAR

Organization Name: _____ Location: _____ Phone: _____

Description of Involvement: _____

15. Have you previously served in AmeriCorps? Yes No

Program Name: 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? _____

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: _____ _____ Supervisor: Phone and e-mail _____	From: ____/____ MO./YR. To: ____/____ MO./YR. Hrs/week: _____	Title: _____ Duties: _____ _____ Reason for leaving: _____ _____
B. Organization, City/State: _____ _____ Supervisor: Phone and e-mail _____	From: ____/____ MO./YR. To: ____/____ MO./YR. Hrs/week: _____	Title: _____ Duties: _____ _____ Reason for leaving: _____ _____
C. Organization, City/State: _____ _____ Supervisor: Phone and e-mail _____	From: ____/____ MO./YR. To: ____/____ MO./YR. Hrs/week: _____	Title: _____ Duties: _____ _____ Reason for leaving: _____ _____
D. Organization, City/State: _____ _____ Supervisor: Phone and e-mail _____	From: ____/____ MO./YR. To: ____/____ MO./YR. Hrs/week: _____	Title: _____ Duties: _____ _____ Reason for leaving: _____ _____

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

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

Language: _____ Number of Years Studied or Spoken: _____

Speaking Ability: Poor Fair Good Excellent

Writing Ability: Poor Fair Good Excellent

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

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 information:

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

Charge: _____ Action Taken: _____

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

Address: _____
STREET ADDRESS 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: _____
STREET ADDRESS CITY STATE ZIP CODE