

AmeriCorps Application Packet

Dear Friend,

Fill out the application to the best of your ability.

**Must be 18 years or older with a High School Diploma or GED to apply.
Must be a U.S. Citizen or National or a Lawful Permanent Resident Alien.**

Please make certain to follow directions carefully!

Page 2 **You must fill out top half this page. Print and sign your name.**

Page 3 **Please indicate which AmeriCorps Site (s) you wish to apply:**
Example: Okeene Public Schools and/or Canton Public Schools

Page 4 To certify this application you need to **sign and date the certification page in INK.**

Page 5 **It is necessary to have a resume and references.** References and motivation can be listed on separate sheet of paper or filled out on page 5.

Page 7 **You must sign the certification on this page in INK.**

Page 7 **Must my parent or guardians sign if I am under the age of 18? YES**

Applications may be returned to the site in which you are applying or send to the address below.

Sincerely,
Kim Wardlaw Director 580-822-5607
Becky Bedwell Co-Director 580-822-5624
Box 409
Okeene, Ok 73763
serve4success@okeene.k12.ok.us

CRIMINAL HISTORY RECORDS AUTHORIZATION

I, _____,

I hereby consent to a National Service Criminal History Check (which includes an FBI fingerprint search, the Oklahoma State Bureau of Investigation and the Department of Justice National Sex Offender Public Website) for my prospective participation in an AmeriCorps program. I also certify under penalty of perjury that I have not been convicted of murder*. I realize that my selection to participate as an AmeriCorps member is contingent in part on the results of these background checks.

Name (printed)

Signature

Date

I hereby certify that the member's identify listed above was verified by a government issued photo identification and that the required National Service Criminal History Check (which includes an FBI fingerprint search, the Oklahoma State Bureau of Investigation and the Department of Justice National Sex Offender Public Website). The results of these criminal background checks were considered as part of the selection process for this member to serve in AmeriCorps.

Program Director or Site Supervisor Name (printed)

Signature

Date

**"Murder is the unlawful killing of a human being with malice aforethought. Every murder perpetuated by poison, lying in wait, or any other kind of willful, deliberate, malicious, and premeditated killing; or committed in the perpetration of, or attempt to perpetrate, any arson, escape, murder, kidnapping, treason, espionage, sabotage, aggravated sexual abuse or sexual abuse, child abuse, burglary, or robbery; or perpetrated as part of a pattern or practice of assault or torture against a child or children; or perpetrated from a premeditated design unlawfully and maliciously to effect the death of any human being other than him who is killed, is murder in the first degree. Any other murder is murder in the second degree." (18 U.S.C. § 1111)*

**Serve for Success AmeriCorps
Member Application**

PERSONAL INFORMATION

NAME _____
Last First Middle

MAIDEN NAME or Previous Last Name(s) _____

Are you a United States citizen, national, or lawful resident alien?

Yes No

If you are a lawful permanent resident alien please list
your registration number and card expiration date?

Date of Birth: _____

Place of Birth: _____

GENDER Male Female

Earliest date you are available to begin service: _____

CURRENT ADDRESS: (*Please notify if there is a change*)

P.O. Box or Street Address _____

City _____ State _____ Zip Code _____

Home phone: _____ Cell Phone: _____

Current email _____

List which AmeriCorps site(s) in which you wish to apply.

EDUCATION

Check the boxes that apply to your education.

- H.S. Diploma GED Technical School/Apprenticeship
- Associate's degree 48 + College Hrs. _____
- Bachelor's degree
- Graduate degree

I have passed at least one H.S. or college level English course within the past two years.

I have passed at least one H.S. or college level math course within the past two years.

I hereby certify under penalty of law that I have graduated from _____ high school in _____.

Or I have attained a GED on _____
Date

I am still attending High School at _____.

Please certify the above information with a signature and date.

Signature: _____ Date: _____

List all of the schools that you have attended. Start with H.S. Include trade or technical schools, military training, and employment with a training program.

A. _____

B. _____

C. _____

D. _____

Have you previously served in AmeriCorps? No Yes

If yes, list the Program Name and Location and dates:

Did you complete your term of service? Yes No

Check all that apply: AmeriCorps *State National
 AmeriCorps *NCCC AmeriCorps *Vista

EMPLOYMENT

Please include a resume that briefly lists your most recent places of employment. Please Include contact names and numbers for at least two references.

Please list at least two references and their contact information.

MOTIVATION

Why would you like to join our Serve for Success AmeriCorps Program?
How do you plan to use the education award?

LEGAL

Answer the following question 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.

Have you ever been convicted of any criminal offense by either a civilian or military court, or adjudicated as a juvenile offender 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”

If you answered **yes** to any of the questions above, please provide the following information:

Date: _____
Month/Day/Year

Place: _____
City and State

Charge: _____

Action Taken: _____

Court, Probations, or Parole Officer: _____

Phone: _____

Address:

_____ Mailing address City State Zip Code

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

CERTIFICATION

I certify that all 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 disqualifications and/or termination as an AmeriCorps member.**

PRIVACY ACT NOTICE: The Privacy Act of 1974 (5 U.S.C 522a) 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 126592 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 into an AmeriCorps program, and for other general routine purposes associated with your participation in an AmeriCorps program. These routine purposes may include disclose 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.

We also use this information to provide 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 Corporations for National and Community Service without our prior written permission.

SIGNATURE

DATE

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

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: _____

Address: _____
P.O. Box or Street City State Zip