



AMERICORPS APPLICATION

DATE:

NOTE: PLEASE USE BLUE INK

I. PARTICIPANT PROFILE

AmeriCorps Program Application Instructions

AmeriCorps is the national service initiative signed into law in 1993 by President Clinton. AmeriCorps Members will help youth experience success through tutoring and mentoring services. In return, AmeriCorps Members may receive educational awards for future schooling or to settle student loans.

While there is no typical Ameri-Corps Member, all people selected for AmeriCorps will demonstrate a commitment to service, a willingness to use their time and abilities to improve the lives of others, and an interest in learning new skills. Through their service, they will bring to life the AmeriCorps ethic of community and responsibility.

This application asks you to describe the skills and experience you offer to AmeriCorps. Consider each section carefully and respond to the best of your ability. Think about your role in community based service experiences, academic experiences, and personal talents. Take into account everything from your past and present. Your application creates a picture of you and what you bring to national service and the local program. Make sure that this application accurately reflects all the qualities that make you a good candidate.

FOR OFFICE USE ONLY

Last Name	First Name	MI	Phone
Social Security Number	Age	DOB mm/dd/yyyy	E-mail Address
Current Address			Apartment #
City		State	Zip Code
Permanent Address			Apartment #
City		State	Zip Code
	any of the fo rps VISTA	llowing programs? _	meriCorps NCCC
If so, what program and Reduced Half time (6 Minimum time (300 J	75 hours)	Quarter time (450	hours)
**Parental consent will be new	eded for Membe	rs under the age of 18	
Preferred Site: Do you have reliable t T-Shirt Size If over 21 years old ar			an to transport members?
	Boys & Gi PO Box Ph	leted application material rls Clubs of North Lou 1844, Ruston, LA 712 one: (318) 255-2242 ax: (318) 255-0399	isiana

RECEIVED BY:

II. COMMUNITY ACTIVITIES

List and describe your community-based service experience. Include social, school, professional, and neighborhood programs.

Name	of Group	Dates of Participation	Description of Activities

III. SKILLS

Check the boxes on the list below to indicate which areas you have had significant experience or training including volunteer or community service experience. Briefly describe your experiences in each of the skill areas you checked on a separate sheet of paper.

Teaching/Tutoring/Mentoring	Working with At-Risk Youth
Business/Management	Child Care/Development
Communication/Journalism	Public Speaking
Counseling	Health
Mediation/Conflict Resolution	Research
Social Services	Victim Assistance
Coaching	Volunteer Coordination
Multi-Cultural Awareness	AODA (Alcohol & Other Drug Abuse) Prevention
CPR/First Aid	Program Coordination/Evaluation
Bilingual Languages (Which Languages?)	Public Safety/Homeland Security
	Gang Prevention/Intervention
Citizenship	Gardening/Farming/Hunger Reduction
Other (specify)	Computer Skills

IV. EDUCATIONAL BACKGROUND

PLEASE ATTACH A COPY OF YOUR CURRENT OR UPCOMING SCHOOL SCHEDULE YOUR APPLICATION WILL NOT BE REVIEWED WITHOUT PROPER DOCUMEN-TATION

What is the **highest grade level** of education that you have completed? (Check only one)

Less than high school completed	G.E.D. or equivalent
High school graduate	Some college or technical school
Associate degree	Bachelor's degree
Graduate/Professional study	Graduate/Professional degree
Other (specify)	

Beginning with the most recent, list all schools attended (i.e., high school, trade or technical schools, colleges, etc.)

Name of school	Location (City/State)	Dates Attended (MM/YR–MM/YR	Area of Study (Major/Minor)	Degree/Cert. Date Received

V. REFERENCES

Please provide the name, address, and telephone number of three references who are not related to you and are not previous employers.

Name	Address	City/State/Zip	Telephone

Private Act Notice: The collection of the information on this application is authorized by provisions of Public Law 103-82, Subtitle E. The information may also be used for general purposes by Boys & Girls Clubs of North LA, and

the State and National Commissions on National and Community Service, providing the information is voluntary. It will not be disclosed outside these described uses without written permission.

VI. REFERENCES

Are you currently employed? Yes No If yes, how many hours per week?

Attach work schedule

Please list your work experience (include: self-employment, home management, military service, full or part-time employment). Start with your most recent experience. Photocopy this page if additional space is needed.

Employer	Telephone	Dates Employed		Summary of work and job duties
		From	to	Summary of work and job duties
Address				
Job Title		Hourly Rate/Salary (optional)		
Supervisor		Starting	Final	
Reason for Leaving				
May we contact for a reference	e? Yes No			

Employer	Telephone	Dates Er		Summary of work and job duties
Address		From	to	v 3
Job Title		Hourly Rate/Sa	lary (optional)	
Supervisor		Starting	Final	
Reason for Leaving				
May we contact for a ref	erence? Yes No			

Employer	Telephone	Dates Employed		Summary of work and job duties	
		From	to	Summary of work and job duties	
Address					
Job Title		Hourly Rate/Salary (optional)			
Supervisor		Starting	Final		
Reason for Leaving					
May we contact for a reference	ce? Yes No				

VII. Certification

I hereby certify that the information provided on this application is correct to the best of my knowledge. I understand that any misinformation or material omission could result in unfavorable consideration or immediate dismissal. By signing below, I release this information for verification and evaluation purposes, including a criminal background check. I give Boys & Girls Clubs of North LA and AmeriCorps the right to investigate my criminal record, understanding that a criminal record is not necessarily a restriction to selection, as convictions will be considered only if they are substantially related to this particular position.

Signature _____

Date

Equal Opportunity Employer

Qualified applicants receive consideration for service without discrimination because of gender, age, religion, marital status, race, color, creed, national origin or disability.

I authorize the Boys & Girls Clubs of North Louisiana (BGCNL) to investigate all statements in this application and to secure any necessary information from all my employers, references and academic institutions. I also authorize BGCNL to conduct a criminal-records check or any other background checks deemed necessary to determine suitability for service with BGCNL. I hereby release all of those employers, references, academic institutions and BGCNL from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications and my suitability for service with the BGCNL. I understand that any offer of service references.

I further understand that any false or misleading statements will be sufficient cause for rejection of my application if BGCNL has not engaged me or immediate dismissal if BGCNL has engaged me. I also authorize BGCNL to supply information about my service record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release BGCNL from any and all liability for its providing this information.

I understand that nothing in this service application, in BGCNL's policy statements or personnel guidelines, or in my communications with any BGCNL official is intended to create a service contract between BGCNL and me. I also understand that BGCNL has the right to modify its policies without giving me any notice of the changes. No promises regarding service have been made to me. I understand that if a service relationship is established, I have the right to terminate my service at any time for any reason.

I hereby acknowledge that I have read and understood that preceding statements.

Signature:		
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Boys & Girls Clubs of North Louisiana National Service Criminal History Check Consent Form

I, ______, agree to undergo the National Service Criminal History Check, which may include one or both of the following: Checks of state criminal history registries for locations where I've lived as well as where I will serve or work and/or an FBI fingerprint check.

I also understand that selection in BGCNL is subject to check results and that a candidate can be disqualified for any one of the following reasons:

- 1. Murder conviction
- 2. Required to be registered on a sex offender registry
- 3. False statement in response to inquiry about criminal history
- 4. Refusal to undergo the National Service Criminal History Check

Name (printed):	 	 	
Signature:	 	 	
Date:			





Member Emergency Contact Form

Personal Information

Last Name	First Name	Mic	Middle	
Social Security #	<u></u> -	// 	/////	
			Zip Code	
Mailing Address	City	State	-	
Address to send W-2's	City	State	Zip Code	
(() Cell Phone #		Email Address	
			an Auuress	
	Cell Phone # EMERGENCY CONTACT INFO	DRMATION		
	EMERGENCY CONTACT INFO	DRMATION	ationship -	
Primary Contact Name		DRMATION		
Primary Contact Name Physical Address	EMERGENCY CONTACT INFO	ORMATION Rel State	ationship -	
() Home Phone # Primary Contact Name Physical Address () Telephone # Secondary Contact	EMERGENCY CONTACT INFO	ORMATION Rel State	ationship -	