

# AmeriCorps Application Form – Year 2016-2017



## Scott County Partnership

**Instructions:** Type or print clearly in black or blue ink. Answer all questions.

**Name** (Last, First, Middle)

\_\_\_\_\_

**Phone Number**

( ) \_\_\_\_\_

**Address** (Number and Street, City, State, Zip Code)

\_\_\_\_\_

**Alt. Phone Number**

( ) \_\_\_\_\_

**POSITION or PLACE DESIRED**

**After-School programs** ( Austin Learning Center, YMCA )

**Education Assistants** (Guidance Program at Scottsburg.

SMS & SHS)

**Clearinghouse**

**Circles, Thriving Connection & Bridges Campaign** (Scott Co, Bloomington, Marion, Muncie, South Bend at the Julian Center at Indianapolis)

**Full Time**

(1700

hrs) \_\_\_\_\_

**Part-time**

(900 hrs) \_\_\_\_\_

**Reduced Part time**

(675 hrs) \_\_\_\_\_

**Minimum Time**

(300 hrs) \_\_\_\_\_

**Educational Award Only**

\_\_\_\_\_ (300)

E-Mail

Address: \_\_\_\_\_

HAVE YOU WORKED FOR THE SCOTT COUNTY PARTNERSHIP OR AMERICORPS BEFORE?

Yes or  
No

ARE YOU A U.S. CITIZEN OR POSSESS VALID U.S. EMPLOYMENT DOCUMENTATION?

Yes or  
No

Do you have a valid driver's license? **Circle One:** Yes or No

Are you 18 year old or older? **Circle One:** Yes or No

Have you ever been convicted of any criminal offense by either a civilian or military court, other than minor traffic violations? **Circle One:** Yes or No

If yes, please provide the following information:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Charge: \_\_\_\_\_ Action Taken: \_\_\_\_\_

**EDUCATION**

	<b>NAME AND ADDRESS OF SCHOOL</b>	<b>MAJOR</b>	<b>DEGREE/ DIPLOMA</b>
<b>High School:</b>	_____	_____	_____
	-	-	_____
	_____	_____	_____
	-	-	_____
<b>College:</b>	_____	_____	_____
	-	-	_____
	_____	_____	_____
	-	-	_____
<b>Trade, Business &amp; Other:</b>	_____	_____	_____
	-	-	_____
	_____	_____	_____
	-	-	_____

**SPECIAL SKILLS AND QUALIFICATIONS:** List job-related licenses, skills, training, honors, awards, and special accomplishments

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**EMPLOYMENT HISTORY:** (Start with present or last position.)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**MAY WE CONTACT YOUR PRESENT EMPLOYER?** Yes or No

**REFERENCES: (EXCLUDE RELATIVES)**

Name/Title	Address and Phone No.	Occupation
1. _____ _____	_____ -	_____ -
2. _____ _____	_____ -	_____ -
3. _____ _____	_____ -	_____ -
4. _____ _____	_____ -	_____ -

**Are you prepared to commit to a year of service providing you meet qualifications and are selected as a member?** \_\_\_\_\_

**Do you understand the commitment you are making and that not completing your term of service, or not completing the hours for which you contract is unacceptable?**

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Becoming an AmeriCorps Member means that you are committing a year of service to your country such as if you were in the military or in the Peace Corps. ***Such as, this commitment should not be taken lightly!*** Please know that you are committing and will take an oath of commitment to AmeriCorps, the community in which you will be serving, and to the United States of America.

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.

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

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Why do you want to join AmeriCorps? What do you hope to gain from serving as an AmeriCorps member? If you need additional room, please attach a separate sheet of paper.

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Do you know or have you studied any language other than English? **Circle One:** Yes No

If yes, what language? \_\_\_\_\_

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.

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I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY FALSE INFORMATION ON THIS APPLICATION MAY BE GROUNDS FOR NOT HIRING ME.

*I understand that by signing this application I am giving permission to The Scott County Partnership, the host organization, to conduct a State criminal registry background check for Indiana and if necessary the state in which I, the applicant, am residing in at the time of application for a position as an AmeriCorps State member. I am also giving The Scott County Partnership permission to conduct a Department of Justice National Sex Offender Public Registry check at <http://www.nsopr.gov> on me, the applicant, in accordance with the Scott County AmeriCorps Background Check Policy and the Code of Federal Regulations 45 CFR §§ 2510, 2522, 2540, 2551, and 2552 AmeriCorps Special Provisions.*

I understand that Criminal History Background Check results for member participation in the Scott County AmeriCorps Program are at the discretion of the Scott County Partnership.

**I understand that I am committing to a year of service and to completing the contracted hours of service with AmeriCorps if I am selected.**

**SCOTT COUNTY AMERICORPS IS AN EQUAL OPPORTUNITY PROGRAM**

**Please return all applications to:**

Scott County Partnership P.O. Box 214 Scottsburg, IN 47170 Attn: AmeriCorps/ Michelle Shelton

Scott County AmeriCorps

Pre-Enrollment Disclosure  
2016-2017

I understand that all offers of member enrollment into the Scott County AmeriCorps Poverty Busters program, whether they be oral or written, are contingent upon verification of age requirements, citizenship, recipient of GED/High School Diploma, and acceptable completion of a Criminal Background Check, F.B.I. Finger Print Check and National Sex Offender Check, by signing this form I give permission for the AmeriCorps Program to conduct all the above including the background and sex offender checks on myself.

\_\_\_\_\_ Male –  
 Female \_\_\_\_\_  
 Legal Name Date of Birth (Circle  
 One)

\_\_\_\_\_  
 Street Address City State Zip

Please list your current state of permanent residency

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Potential Members Signature

Date

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AmeriCorps Program Director