



LETTER OF NON-EMPLOYMENT

Upon enrollment in the TCC/AMERICORPS program any documents signed concerning orientation, office policies, and other office related items, are not to be misunderstood. Members must understand that by signing such forms, that they are not TCC or Site employees but members of AMERICORPS; a federal subsidiary of the Corporation for National and Community Service.

As an AmeriCorps member, you receive a living allowance and have committed to: 10 months to a year and complete 1700hrs (FT) or, 12 weeks and complete 450hrs (QT), in service to the community. You are considered to be an AmeriCorps member and not an employee of TCC. You do not receive a wage nor are you paid at an hourly rate.

TCC AmeriCorps Program Director

Please sign below in receipt and agreement with the above statement.

I understand that I am an AmeriCorps member, not an employee of TCC or my service site (if applicable)

Member Name

Date

Program Official

Date

What Is AmeriCorps?

"You must be the change you wish to see in the world."

—Mahatma Gandhi

AmeriCorps—A National Corps of Capable, Committed Individuals

AmeriCorps is a network of local, state, and national service programs that connects more than 70,000 Americans each year in intensive service to meet our country's critical needs in education, public safety, health, and the environment.

AmeriCorps members serve with more than 3,000 nonprofits, public agencies, and faith-based and community organizations. Since 1994, more than 400,000 men and women have provided needed assistance to millions of Americans across the nation through their AmeriCorps service.

AmeriCorps opens the door for citizens to serve in a variety of ways. Through their service and the volunteers they mobilize, AmeriCorps members address critical needs in communities throughout America, including

- Tutoring and mentoring disadvantaged youth
- Fighting illiteracy
- Improving health services
- Building affordable housing
- Teaching computer skills
- Cleaning parks and streams
- Managing or operating after-school programs
- **Helping communities respond to disasters**
- Building organizational capacity

Full-time members who complete their service earn an AmeriCorps Education Award of \$4,725 to pay for college, graduate school, or to pay back qualified student loans. Members who serve part-time receive a partial Award. Some AmeriCorps members may also receive a modest living allowance during their term of service.

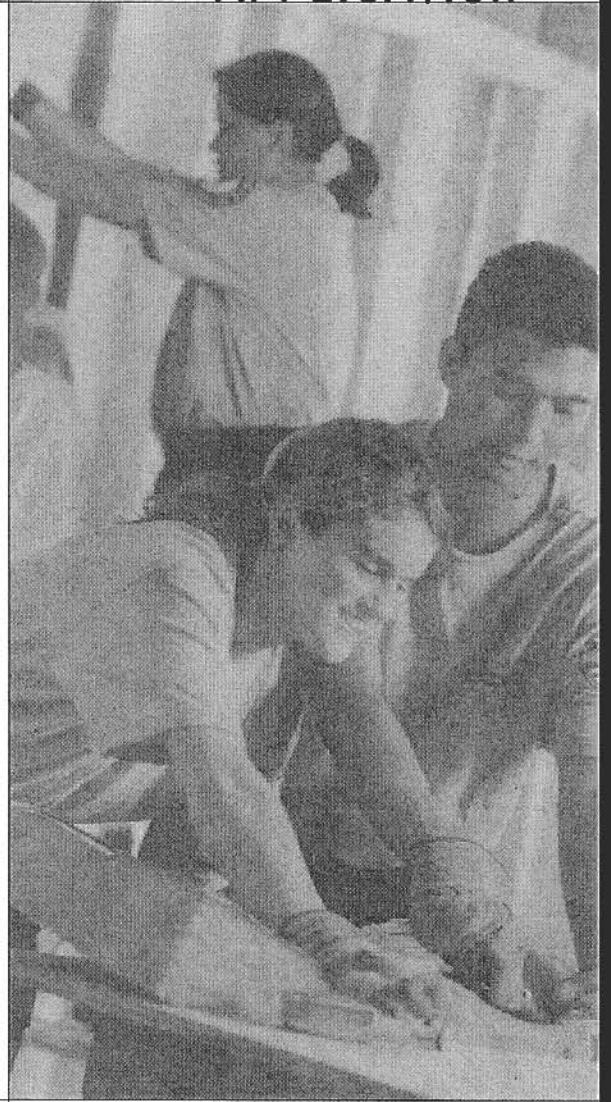
AmeriCorps is a program of the Corporation for National and Community Service, an independent federal agency created to connect Americans of all ages and backgrounds with opportunities to give back to their communities and their nation. The Corporation also oversees Senior Corps and Learn and Serve America. Together these programs engage more than 1.5 million Americans of all ages and backgrounds in service each year.



AMERICORPS

APPLICATION

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



**APPLY
TODAY!**



Thousands of Opportunities Await. *Apply Today!*

To learn more about AmeriCorps and each of the programs, visit www.americorps.org. Or call the AmeriCorps hotline at 1-800-942-2677 (TTY 1-800-833-3722).

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE APPLICATION

- Use this application for most AmeriCorps programs you're applying to; however, if you're applying to one of the 1,000+ AmeriCorps*State and National programs, you should check with them first to see if they require any additional or alternative forms. Call the AmeriCorps hotline at 1-800-942-2677.
- **Make a copy** of your application for your personal records before you send it in.
- **If you're applying to more than one AmeriCorps program**, complete the entire application except for question 7 and the final section, "Certification." Make one copy of the application for each program. Then, answer question 7 and sign each copy separately before mailing.
- **You may use additional sheets of paper** to provide more detailed information that will not fit on this application form. Enclose everything in the final application packet that you submit.
- **Two reference forms are enclosed** in this packet. They are an important part of your application, and your application cannot be considered without them. Completed references must be submitted with your application. They should not be sent separately. Select people who you know well and who are familiar with your personal background, education, employment, and/or professional skills. You should not ask a family member, peer, classmate, co-worker, or friend to serve as a reference. Consider asking work supervisors, clergy, teachers, counselors, coaches, or someone else familiar with your motivation and community involvement.
- **If you are applying to multiple programs** and using the same person as a reference, please remind them to make multiple copies after completing the reference form.
- **Send your application to the right place.** See the back cover for address information.
- **This publication is available upon request in alternative formats for people with disabilities.** Email altformats@cns.gov or (202) 565-2799.

Public reporting burden for this collection of information is estimated to average 45 minutes per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the form. Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, AmeriCorps Recruitment, 8th Floor, Attn: Kim Mansaray, 1201 New York Avenue, N.W., Washington, D.C. 20525. The Corporation informs people who may respond to this collection of information that they are not required to respond to the collection of information unless the OMB control number and expiration date displayed on page 1 are current and valid. (See 5 C.F.R. 1320.5(b)(2)(i).)

11. Which AmeriCorps program are you applying to? *Check only one—If you are applying to more than one AmeriCorps program, fill this in after you copy your application for each program.*

AmeriCorps*NCCC—National Civilian Community Corps

Members ages 18 to 24 serve in a team-based residential program to complete a variety of service projects in the areas of education, public safety, disaster relief, the environment, and other community needs. Members often travel to projects throughout their region.

Fall Class (September/October start dates) Winter Class (January start dates) Other Start Dates

AmeriCorps*VISTA—Volunteers in Service to America

Members serve through private organizations and public nonprofit agencies, addressing issues related to poverty—such as public health, education, the environment, public safety, and employment—by developing and mobilizing resources that create long-term sustainable benefits at a community level.

Program Name _____

Program Address _____

AmeriCorps*State and National

Members serve either in teams or individually through national and community-based private and public organizations. Members help solve community problems through direct and indirect service, in the areas of education, public safety, the environment, and other human needs, such as health and housing.

Program Name _____

Program Address _____

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 Graduate degree
 High school diploma or GED Some college Other (please specify): _____
 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 (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. _____						
D. _____						

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. _____

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.

SKILLS AND EXPERIENCE

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

- | | |
|-----------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Architectural Planning_____ | <input type="checkbox"/> Law_____ |
| <input type="checkbox"/> Business/Entrepreneur_____ | <input type="checkbox"/> Leadership_____ |
| <input type="checkbox"/> Communications_____ | <input type="checkbox"/> Medicine_____ |
| <input type="checkbox"/> Community Org./Development _____ | <input type="checkbox"/> Public Health_____ |
| <input type="checkbox"/> Computers/Technology_____ | <input type="checkbox"/> Public Speaking_____ |
| <input type="checkbox"/> Conflict Resolution_____ | <input type="checkbox"/> Recruitment_____ |
| <input type="checkbox"/> Counseling_____ | <input type="checkbox"/> Teaching/Tutoring_____ |
| <input type="checkbox"/> Education_____ | <input type="checkbox"/> Trade/Construction_____ |
| <input type="checkbox"/> Fine Arts/Crafts_____ | <input type="checkbox"/> Writing/Editing_____ |
| <input type="checkbox"/> First Aid_____ | <input type="checkbox"/> Youth Development_____ |
| <input type="checkbox"/> Fundraising/Grant Writing_____ | <input type="checkbox"/> Other (specify):_____ |

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.

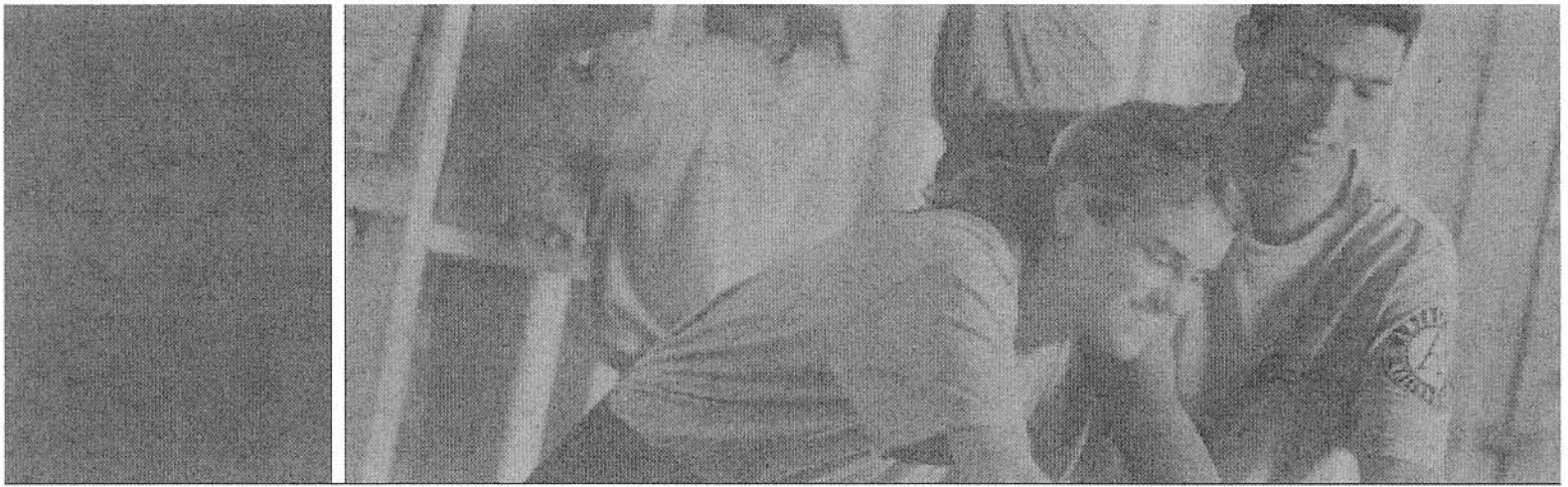
SIGNATURE

DATE

Name: _____

Relationship: _____ Phone: () _____ E-mail: _____

Address: _____
STREET ADDRESS CITY STATE ZIP CODE



Corporation for
**NATIONAL &
COMMUNITY
SERVICE** 

The Corporation for National and Community Service programs are available to all without regard to race, color, national origin, disability, age, gender, sexual orientation, religion, political affiliation, or other non-merit factors. Anyone believing he or she has been subjected to discrimination on these grounds by the Corporation for National and Community Service, AmeriCorps, or one of its grantees may contact our Equal Opportunity Office at (202) 606-5000, extension 312, or email at eo@cns.gov

REFERENCE FORM

TO THE APPLICANT:

Please fill out the lines below and give this form to each of your references. Your reference should complete this form, seal it in an envelope, sign his or her name across the seal on the outside of the envelope, and return it to you to include with the application you send to AmeriCorps.

Applicant's Name: _____
LAST FIRST MIDDLE

Address: _____
(IF P.O. BOX, ALSO GIVE NUMBER AND STREET) CITY STATE ZIP CODE

Home Phone: () _____ Work Phone: () _____

INDICATE THE PROGRAM THAT YOU ARE APPLYING TO (check only one):

AmeriCorps*NCCC

AmeriCorps*VISTA

Program Name: _____

Program Address: _____

One of the other 1,000+ programs in the AmeriCorps network (be specific):

Program Name: _____

Program Address: _____

TO THE PERSONAL REFERENCE:

AmeriCorps engages more than 50,000 citizens a year in results-driven service sponsored by hundreds of local and national nonprofit organizations. In return, AmeriCorps members earn education awards that help pay for college or pay back student loans. AmeriCorps members help communities meet critical challenges in the areas of education, public safety, the environment, and other human needs.

The person named above is applying to be an AmeriCorps member. The applicant has indicated that you would be able to evaluate his or her qualifications and provide us with a candid recommendation. The success of AmeriCorps largely depends upon an appropriate match between programs and members. Considerable value is placed on personal references during the application review and selection process. Your input is greatly appreciated.

Name of Reference: _____
LAST FIRST MIDDLE

Position/Title: _____

Organization/Institution: _____

Address: _____
(IF P.O. BOX, ALSO GIVE NUMBER AND STREET) CITY STATE ZIP CODE

Home Phone: () _____ Work Phone: () _____ E-mail: _____

KNOWLEDGE OF THE APPLICANT

How long have you known the applicant? Years: _____ Months: _____

In what capacity have you known the applicant?

- Job Supervisor/Employer Clergy
- Volunteer Supervisor Coach
- High School Teacher College Instructor
- Other (specify): _____

Please describe the situation in which you know the applicant.

WORK PERFORMANCE

1. Please comment on such qualities as the applicant's level of dependability, initiative, and ability to work with minimal supervision and as a member of a team.

2. In your judgment, how competent is this applicant, as demonstrated by work in the community, in school, on the job, or in a position of responsibility? *Please check one.*

- Outstanding performance
- Above average performance
- Satisfactory
- Below average performance
- Unsatisfactory performance

RELATIONSHIPS WITH OTHER PEOPLE

3. AmeriCorps members are required to understand other people's viewpoints and problems and to communicate with people from differing backgrounds. Please comment briefly on the applicant's relationships with others.

4. AmeriCorps members must serve with other participants and with people of varied cultural, economic, education, racial, and religious backgrounds. How would you rate the applicant's working relationships with other people? *Please check one.*

- | | |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Works well with others; can lead or follow as the occasion demands. | <input type="checkbox"/> Usually works well with others; can lead or follow in most situations. |
| <input type="checkbox"/> Has average working relationships with others. | <input type="checkbox"/> Has difficulty working with others. |
| <input type="checkbox"/> Does not work well with others. | |

EMOTIONAL MATURITY

5. Please comment on the applicant's ability to adapt and work under difficult and changing conditions.

6. AmeriCorps members often serve in conditions of hardship and inconvenience. They must be able to deal with new and changing living conditions, limited financial resources, and considerable amounts of stress. With these considerations in mind, how would you rate the applicant?

Please check one.

- Highly effective even in adverse situations and changing conditions.
- Able to adapt to adverse situations and changing conditions.
- About average in adapting to adverse situations and changing conditions.
- May not be able to stand up well in adverse situations and changing conditions.
- Completely unable to handle adverse situations or adapt to changing conditions.

ADDITIONAL COMMENTS AND SUPPORTING INFORMATION

7. If you wish, use additional paper to explain any of your ratings, and anything else about this applicant that you feel is relevant to serving in AmeriCorps—such as the applicant's desire to serve others, maturity, work ethic, flexibility, and dependability. Explain any reservations that you have regarding the applicant's participation in the AmeriCorps program to which he or she has applied.

OVERALL RECOMMENDATION

8. What is your overall recommendation?

- I recommend the applicant without reservation as an excellent candidate for AmeriCorps service.
- I recommend the applicant as a good candidate for AmeriCorps service.
- I have some reservations, but I believe the applicant has a reasonable chance of success.
- I have some substantial doubts about the applicant.
- I do not recommend this applicant for AmeriCorps service.

CONFIDENTIALITY STATEMENT

- I AUTHORIZE the program and/or the Corporation for National and Community Service to identify me as the source of this reference and to release a copy of this reference in its entirety upon request to the applicant.
- I DO NOT authorize the program and/or the Corporation for National and Community Service to identify me as the source of this reference, nor do I authorize the release of a copy of this reference in its entirety to the applicant.

Your Signature: _____

**PLEASE RETURN THIS FORM, IN AN ENVELOPE SIGNED
ACROSS THE SEAL, DIRECTLY TO THE APPLICANT.**

KNOWLEDGE OF THE APPLICANT

How long have you known the applicant? Years: _____ Months: _____

In what capacity have you known the applicant?

- Job Supervisor/Employer Clergy
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- Other (specify): _____

Please describe the situation in which you know the applicant.

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1. Please comment on such qualities as the applicant's level of dependability, initiative, and ability to work with minimal supervision and as a member of a team.

2. In your judgment, how competent is this applicant, as demonstrated by work in the community, in school, on the job, or in a position of responsibility? *Please check one.*

- Outstanding performance
- Above average performance
- Satisfactory
- Below average performance
- Unsatisfactory performance

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- | | |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Works well with others; can lead or follow as the occasion demands. | <input type="checkbox"/> Usually works well with others; can lead or follow in most situations. |
| <input type="checkbox"/> Has average working relationships with others. | <input type="checkbox"/> Has difficulty working with others. |
| <input type="checkbox"/> Does not work well with others. | |

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Your Signature: _____

**PLEASE RETURN THIS FORM, IN AN ENVELOPE SIGNED
ACROSS THE SEAL, DIRECTLY TO THE APPLICANT.**

OPTIONAL INFORMATION

This information will be used for statistical purposes and will not be used in the evaluation of your application. It will in no way affect your selection into AmeriCorps. Completion of this section is voluntary; failure to respond will in no way affect your candidacy.

HOW DID YOU HEAR ABOUT AMERICORPS? *You may check more than one.*

- | | |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> AmeriCorps representative
<i>(service/career fair, conference, information session)</i> | <input type="checkbox"/> College guidance office/Placement office |
| <input type="checkbox"/> Armed Forces | <input type="checkbox"/> Department of Education |
| <input type="checkbox"/> Current or former AmeriCorps member | <input type="checkbox"/> High school guidance counselor |
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Newspaper/Magazine article |
| <input type="checkbox"/> Internet/Listserv/E-mail | <input type="checkbox"/> Peace Corps |
| <input type="checkbox"/> Newspaper/Magazine advertisement | <input type="checkbox"/> Radio advertisement |
| <input type="checkbox"/> Other service organization | <input type="checkbox"/> Received information in the mail |
| <input type="checkbox"/> Radio story | <input type="checkbox"/> Television news story |
| <input type="checkbox"/> Television advertisement | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Poster at school | |

WHAT IS YOUR ETHNICITY? Hispanic or Latino Not Hispanic or Latino

WHAT IS YOUR RACE? *Mark one or more:*

- American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American.** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

WHERE TO SEND YOUR APPLICATION

If you are applying to AmeriCorps*NCCC, send it to:
AmeriCorps*NCCC
1201 New York Avenue, N.W.
Washington, DC 20525

For all other AmeriCorps programs check out www.americorps.org and find out how to apply on-line directly to any AmeriCorps program, or how to get the address for your hard-copy application.

If you don't have access to the Internet, you can still apply on-line, or get program addresses by calling 1-800-942-2677.

YOUR
WORLD.

YOUR CHANCE
TO MAKE IT
BETTER.

If you are applying to specific AmeriCorps programs, send your application directly to that organization. To find a program that interests you, check the opportunities listed on the AmeriCorps website at www.americorps.org/joining/direct. It is a good idea to call a specific program before you apply in order to ensure that applications are being accepted.

QUESTIONS? CALL 1-800-942-2677 OR VISIT...

WWW.AMERICORPS.ORG

Trinity Christian Community

P O BOX 13665 New Orleans, LA 70185

Ph. (504) 482-7822 Fax (504) 482-7878

January 2nd, 2006

Dear Prospective AmeriCorps Member:

Thank you for your interest in the Trinity Christian Community/AmeriCorps program in New Orleans! We are excited to serve our neighborhood in helping those who were affected by Hurricane Katrina rebuild their lives. The following letter and packet contains information that explains the work and regulations of the services that we will provide to our communities.

AmeriCorps is a program that provides ways for citizens to give assistance to people who need it. A brief description and benefits of AmeriCorps are included in the packet. New Orleans is in desperate need of assistance in the area of disaster relief. Disaster relief includes gutting homes, mold remediation, moving furniture, etc. A service description is included in the packet which gives a more detailed description of the service AmeriCorps members will provide in New Orleans. An application is also included which needs to be filled out and returned.

Once the application is complete, potential members will be referred to a screening process before they are enrolled. Once enrolled, further paperwork will be given to be completed. Please consider joining us in becoming an integral part of rebuilding the city of New Orleans. The task that we have at hand can be made possible with help from potential AmeriCorps members.

Sincerely,

Laurie Cannon
AmeriCorps Program Manager

John Paul Bartley
AmeriCorps Program Manager

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record:** 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:

- examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
- record the document title, document number and expiration date (if any) in Block C, and
- complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529. OMB No. 1615-0047.

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

A citizen or national of the United States

A Lawful Permanent Resident (Alien #) A _____

An alien authorized to work until _____

(Alien # or Admission #) _____

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C		
Documents that Establish Both Identity and Employment Eligibility	Documents that Establish Identity	Documents that Establish Employment Eligibility		
<ol style="list-style-type: none"> 1. U.S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (<i>Form N-560 or N-561</i>) 3. Certificate of Naturalization (<i>Form N-550 or N-570</i>) 4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>Form I-94</i> indicating unexpired employment authorization 5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>Form I-151 or I-551</i>) 6. Unexpired Temporary Resident Card (<i>Form I-688</i>) 7. Unexpired Employment Authorization Card (<i>Form I-688A</i>) 8. Unexpired Reentry Permit (<i>Form I-327</i>) 9. Unexpired Refugee Travel Document (<i>Form I-571</i>) 10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (<i>Form I-688B</i>) 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="padding-left: 20px;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>) 2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (<i>Form I-197</i>) 6. ID Card for use of Resident Citizen in the United States (<i>Form I-179</i>) 7. Unexpired employment authorization document issued by DHS (<i>other than those listed under List A</i>)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



AMERICORPS

SELF CERTIFICATION

Member Name _____ **Date** _____

Institution/High School Attended _____

Address _____

GED Y/N

Diploma received Y/N

Dates attended _____ **to** _____

By signing below I certify that I have obtained a High School Diploma or GED from the above school or institution. I certify that the above items are true and accurate to the best of my Knowledge.

Member signature _____ **Date** _____

Site Official _____ **Date** _____