

Neighbor to Neighbor AmeriCorps Program

Central Vt. Council on Aging, 59 N. Main St. Suite 200, Barre VT 05641

in cooperation with Champlain Valley Agency on Aging (CVAA) – Essex Junction,
Northeastern Vt. Agency on Aging (NEVAAA) – St. Johnsbury, and
Southwestern Vt. Agency on Aging (SVCOA) – Rutland

www.n2americorps.org



Neighbor to Neighbor

AMERICORPS MEMBER APPLICATION

Full Name: _____

Address: _____
(Current)

Address: _____
(Permanent)

Day Phone: _____ Cell Phone: _____

Permanent Phone: _____ E-mail: _____

SSN#: _____ Date of Birth: _____

Where did you hear about us? Friend College guidance office Newspaper Website Other

Do you possess a valid driver's license? Yes No State _____ License # _____

Do you have access to a personal vehicle? Yes No

Do you have a clean driving record? Yes No

On a separate sheet of paper, please type or neatly write answers to the following:

This information is intended to provide information about your experiences that may not be on your resume.

1. Personal motivation statement – Why do you want to join Neighbor to Neighbor? What do you think you can contribute to Neighbor to Neighbor? What do you hope to gain as an AmeriCorps member?

2. Experience – What type of volunteer experience do you have? How will this help you as you work with volunteers during your team of service?

3. Skills – What special skills would you like us to know about? Examples include computer, arts/crafts, recruitment/outreach, business, public speaking, writing, editing, teaching, or working with children or seniors.

Please include this form (completed on both sides) and the following:

1. Resume that includes education, community service, and employment history.

2. Two written letters of recommendation with phone numbers and their relationship to you.

Preferred host site: CVAA SVCOA NEVAAA SVCOA

Applicant's Signature

Date

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.

Have you ever been:

-convicted of murder, a sexual offense, or any criminal offense by a civilian or military court? Yes___ No___
-held responsible as a juvenile offender for any criminal offense by a civilian or military court? Yes___ No___

Are you now:

- under any charges for any offenses? Yes___ No___ - on probation or parole? Yes___ No___

If no at all legal questions, skip to "Certifications" below.

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

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

Charge: _____ Action Taken: _____

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

Address: _____
STREET CITY STATE ZIP CODE

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

CERTIFICATIONS

Your application must be certified with your signature in ink.

A. 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 all AmeriCorps participants must undergo a National Service Criminal History Check that consists of three parts: National Sex Offender Public Registry check, State criminal history registry check, and the FBI fingerprint check. In addition, participants in the Neighbor to Neighbor AmeriCorps program will have the Vermont adult and child abuse registry checks.

B. Educational Attainment: I certify that: I have completed high school or its equivalent _____
OR I will obtain a high school diploma prior to using the education award _____.

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.

I have completed both sides of this application honestly and accurately. With this application you will find: my responses to the above questions, a current resume and two references.

APPLICANT'S SIGNATURE

DATE