



AmeriCorps Application

Senior Connections

Return application to :
Green River Area Development District
300 Gradd Way
Owensboro, KY 42301
270-926-4433



**Write legibly, Fill out completely, Sign on pages 5 & 6,
Submit 2 references,
attach copies of your driver's license, Social Security card and birth certificate**

Personal Profile

1 NAME: _____
Last First Middle

2 Are you a United States citizen, national, or lawful permanent resident alien?
yes no

3 Social Security Number _____ - _____ - _____

4 Date of Birth _____ / _____ / _____
month day year

5 Place of Birth _____

6 Gender Male Female

7 Earliest date you are able to begin service: _____
The program begins September 1st.

8 Current Address: All information will be sent to this address unless notified of a change.

Mailing address: _____

Street Address: _____

City State Zip code

Home phone: _____ Cell phone: _____

9 E-Mail (required): _____

Education

10 Check the highest level of education that you have completed.

Some high school <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> Technical school <input type="checkbox"/> Associates degree <input type="checkbox"/>	Some college <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Other <input type="checkbox"/>
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11 List all schools after high school that you have attended.

Name of school	location city / state	dates attended from: to:	Major	Degree earned	date received

Community Service

12 How have you been involved in your community?

A. Dates of involvement: From: _____ To: _____

Organization name: _____ Location: _____

Description of involvement:

B. Dates of involvement: From: _____ To: _____

Organization name: _____ Location: _____

Description of involvement:

B. Dates of involvement: From: _____ To: _____

Organization name: _____ Location: _____

Description of involvement:

Employment

13 Describe the last four positions you have held. Begin with the most recent.

Name and address of employer	Dates	Job Titles and Duties
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A. Organization, city / state From To

_____ Title: _____
_____ Duties: _____

Supervisor: _____
Phone: _____
Reason for leaving: _____

B. Organization, city / state From To

_____ Title: _____
_____ Duties: _____

Supervisor: _____
Phone: _____
Reason for leaving: _____

C. Organization, city / state From To

_____ Title: _____
_____ Duties: _____

Supervisor: _____
Phone: _____
Reason for leaving: _____

D. Organization, city / state From To

_____ Title: _____
_____ Duties: _____

Supervisor: _____
Phone: _____
Reason for leaving: _____

Motivational Statement

14 Why do you want to join AmeriCorps? What could you contribute to the project?
What do you hope to gain from this service?

Skills and Experience

15 Listed below are skill areas that may be useful to our programs. Indicate which skill areas that you have had training or experience including volunteer or community service.

<input type="checkbox"/>	Computer skills (MSWord, Excel, Power Point, Publisher, Arc Map, CAD)	<input type="checkbox"/>	In-home care for seniors
<input type="checkbox"/>	Typing	<input type="checkbox"/>	Housekeeping
<input type="checkbox"/>	Volunteer recruitment	<input type="checkbox"/>	Home maintenance & repair
<input type="checkbox"/>	Arts and Crafts	<input type="checkbox"/>	Organizing Social Activities
<input type="checkbox"/>	Construction	<input type="checkbox"/>	Public speaking
<input type="checkbox"/>	Disaster Preparedness		
<input type="checkbox"/>	Disaster Response		

16 Do you know or have you studies any other language other than English?

yes no

Language: _____ Number of years: _____

Speaking ability: Poor Fair Good Excellent

Writing ability: Poor Fair Good Excellent

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 any minor traffic violations.

17 Have you ever been convicted as an adult, or adjudicated as a juvenile offender, of any criminal offense either by 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, provide the following information:

Date: _____ City / State _____

Charge: _____ Action taken: _____

Court, Probation or Parole Officer:

Name: _____

Phone: _____

Address: _____

_____ city _____ state _____ zip

National Service Criminal History Check (NSCHC) Consent to Conduct Checks

18 I, _____ (print name) understand that Senior Connections requires all applicants for AmeriCorps service undergo the National Service Criminal History Check process. By signing below I give consent and agree to a search of the required criminal history components(1), attest that the results contained herein are truthful, and understand that being offered a member or staff position is contingent upon results of the NSCHC process.

Moreover, I understand that certain results automatically deem me ineligible for service or work, including but not limited to:

- being registered or required to be registered as a sex offender;
- being convicted of murder;
- making a false statement concerning my criminal history;
- refusing to undergo the NSCHC process.

I understand that this consent applies to all future NSCHC processes that may require update.

Verification of Identity

I authorize Senior Connections to make a photocopy and digital copy of my government-issued photo identification (ID).

19 Legal Name: _____
FIRST MIDDLE LAST

AKA / Aliases / Maiden / Nickname(s): _____

State of Residence

20 What is the location you identify as your place of residence at the moment in time you applied for service or work.

CITY STATE

21 At the moment in time you applied for service or work, were you living abroad? yes / no

If **YES**, what was the location you identify as your last State of residence in the United States?

If **NO**, are you currently enrolled as a full-time college student? yes / no

If **YES**, where do you live for the purpose of attending the school? *answer in the space below*

CITY STATE

Opportunity to Dispute Results

Applicant notification and record challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR 16.34 and are also available on the FBI website, <https://fbi.gov>

22 _____
Applicant signature

DATE

Program staff signature

DATE

Brad Alley

Program staff printed

(1) NSCHC Components: A search of the NSOPW, a Kentucky State Check, an FBI Check, and if necessary a State of Residence check.

Certification

I certify that all 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 at some AmeriCorps service sites may require physical examination, including drug and alcohol testing. Background, security, and sexual predator checks may be conducted.

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. 4953 of the Domestic Volunteer Service Act of 1990 as amended, 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. The information may also be provided federal, state and local law enforcement 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.

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Signature

_____/_____/_____
Date

Submit application by mail to: GRADD, 300 Gradd Way, Owensboro, KY 42301
or e-mail bradalley@gradd.com

At least two personal references should be submitted with this application.

Reference Form



Applicant's Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____

To the Personal Reference:
The person named 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 service sites and members. Considerable value is placed on personal references during the application review and selection process.

Name of Reference: _____
Position / Title: _____
Organization: _____
Address: _____
Phone: _____ E-Mail: _____

Knowledge of applicant _____ How long have you known the applicant? Years _____
In what capacity:

<input type="checkbox"/>	Supervisor	<input type="checkbox"/>	Clergy
<input type="checkbox"/>	Employer	<input type="checkbox"/>	Coach
<input type="checkbox"/>	Teacher	<input type="checkbox"/>	Other _____

Describe how you know the applicant: _____

Work Performance

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

In your judgement how competent is the applicant in a position of responsibility?
Below average Average Above Average

Relationships with other people

How would you describe the applicant's relationships with other people.

<input type="checkbox"/>	Can lead or follow as the occasion demands
<input type="checkbox"/>	Usually works well with others
<input type="checkbox"/>	Average working relationship with others
<input type="checkbox"/>	Has difficulty working with others

Emotional Maturity

AmeriCorps members often serve in conditions of hardship and inconvenience. They must be

<input type="checkbox"/>	Capable of adapting to adverse and changing situations
<input type="checkbox"/>	Average ability to adapt to change and adverse situations
<input type="checkbox"/>	Resistant to change, shrinks from adversity

Is there anything else about this applicant that you feel is relevant to serving in AmeriCorps?
Explain any reservations that you have.

Overall Recommendation

<input type="checkbox"/>	I recommend the applicant without reservation as an excellent candidate.
<input type="checkbox"/>	I recommend the applicant as a good candidate for AmeriCorps service.
<input type="checkbox"/>	I have some reservations or doubts about the applicant.

Confidentiality Statement

I AUTHORIZE the program and or the Corporation for National 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 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 upon request to the applicant.

Signature

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

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