

CURRENT ADDRESS: All information will be sent to this address unless you notify us of a change.

Number and street (If possible, include a number and street address when using P.O. Box)

City State Zip Code

HOME PHONE () CELL PHONE ()

E-MAIL

PERMANENT ADDRESS: (If different than previously mentioned) – Please give the name and address of a person through whom you can always be reached:

Name: Relationship:
First Last

Number and Street (If possible, include a number and street address when using P.O. Box)

CITY STATE ZIP CODE

Home phone () E-mail:

EMERGENCY CONTACT:

Name: Relationship:
First Last

Number and Street (If possible, include a number and street address when using P.O. Box)

CITY STATE ZIP CODE

Home phone () E-mail:

What agency/organization did you serve in during your 1st year as an AmeriCorps member?

Month/Year service was completed:

List the name of the agency/organization in which you wish to serve for 2009-2010.

EDUCATION

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

High school diploma

Associate degree

Other: _____

Some college

Bachelor's degree

Technical school/Apprenticeship

Graduate degree

List all schools after high school that you 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.			

HOURS OF SERVICE REQUESTED

If you are selected as an AmeriCorps member, what number of hours would you like to commit to serving at a non-profit agency? All service hours must be completed by August 31, 2010 to receive the educational award.

_____ 300 hours

_____ 450 hours

_____ 675 hours

Are you currently a student? _____ Yes _____ No

If you are a student, are you eligible to receive Federal Work Study Funds? Yes No

COMMUNITY SERVICE

Why do you want to serve a second term in the AmeriCorps program? What do you hope to get out of your service? What can you contribute to the site? Attach a separate sheet of paper if you need more space.

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 in ink.

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 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 the AmeriCorps programs.

The principle 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 employees, 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

Our policy is to provide equal opportunity for all. We do not discriminate in any aspect of employment or service because of race, color, sex, national origin, religion, age, mental or physical disability (including HIV/AIDS), sexual orientation, or any other improper criterion. Whether in Corporation offices or campuses, in other work- or service-related settings such as service sites, training sessions, or work- or social-related social events, such discrimination is unacceptable and will not be tolerated.

**Return to: Center for Public Service & Community Engagement
ISU, Tirey Hall, room 134A
Terre Haute, IN 47809
Questions: 812-237-8334**