

LIFT CAA School Readiness AmeriCorps State Application



Date: _____

You must provide a birth certificate, copy of driver's license, copy of Social Security Card and a copy of you High School Diploma or GED with application.

Be aware that all potential members must undergo a State, Federal and Sexual Offender background check before being considered for any AmeriCorps slot.

You must provide three written references by non-family members with application.

1. Name: _____
Last First Middle

2. AmeriCorps members must be a United States citizen, U.S. National or Lawful Permanent Resident. 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: _____
CITY STATE COUNTRY

6. GENDER: MALE FEMALE

7. CURRENT ADDRESS: _____
NUMBER AND STREET

CITY STATE ZIP CODE

Home Phone () _____

Cell Phone () _____

E-Mail Address _____

8. PERMANENT ADDRESS: Applies to students & renters. For example: a parent or grand- parents address if you will be relocating in the near future. An address you can always be reached at:

Name of Addressee: _____

FIRST	LAST	RELATIONSHIP TO YOU
-------	------	---------------------

Street address

City	State	Zip Code
------	-------	----------

Home Phone () _____

Cell Phone () _____

9. What is the highest level of education that you will have completed by the time you are planning to serve in AmeriCorps?

High School Diploma or GED	□	Some College	□
Technical School/ Apprentice	□	Bachelor's Degree	□
Associates Degree	□	Graduate Degree	□

Other (please specify): _____

10. List all schools after high school that you have attended, including trade or technical schools, military training and employment training programs.

Name of School (most recent first)	Location of School	Dates Attended	Type of Degree or Certificate

- A. _____
- B. _____
- C. _____
- D. _____

COMMUNITY SERVICE (Previous service is not always a requirement.)

11. Describe how you have reached out to help others and/or how you have been involved in your own community. Explain 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. List your most recent activity first. Attach a separate sheet of paper if you need more space. (Your involvement could include serving in neighborhood, school, religious, social, professional, or other volunteer groups: helping out with community service projects, or less formal activities.

A. Dates of involvement and Organization Name: _____

Description of involvement: _____

B. Dates of Involvement and Organization Name: _____

Description of involvement: _____

12. HAVE YOU PREVIOUSLY SERVED IN AMERICORPS?

YES NO

HOW MANY TIMES IN EACH OF THE PROGRAMS?

AMERICORPS VISTA: _____

AMERICORPS NCCC: _____

AMERICORPS STATE & NATIONAL: _____

Program or AmeriCorps Campus: _____

Location: _____
City State

From: _____ To: _____
Month/Year Month/Year

Did you complete your term of service? YES No

If not, explain why? _____

13. MOTIVATIONAL STATEMENT

We would like to understand more about you and your reasons for applying to AmeriCorps. Take a few minutes and consider those experiences which have made you the person you are today. Please share one of these experiences with us and how it has sparked your interest in community service. If you need additional space, attach a separate piece of paper.

14. EMPLOYMENT

Beginning with the most current or most recent position, list & briefly describe the

last four positions you have held or the last ten years of employment. Include self-employment, internships/ fellowships, home management, and full or part time paid or unpaid work experience. (You may attach a resume instead if it addresses the information requested below).

Name & Address of Employer

A. Organization, City/ State: _____

Dates: From: _____ To: _____

Job Title & Duties: _____

Reason for leaving: _____

Supervisor Name, Phone & email: _____

Name & Address of Employer

A. Organization, City/ State: _____

Dates: From: _____ To: _____

Job Title & Duties: _____

Reason for leaving: _____

Supervisor Name, Phone & email: _____

Name & Address of Employer

A. Organization, City/ State: _____

Dates: From: _____ To: _____

Job Title & Duties: _____

Reason for leaving: _____

Supervisor Name, Phone & email: _____

Name & Address of Employer

A. Organization, City/ State: _____

Dates: From: _____ To: _____

Job Title & Duties: _____

Reason for leaving: _____

Supervisor Name, Phone & email: _____

- 15.** Explain any period of time greater than six months not accounted for by AmeriCorps, Peace Corps, work, school, or military service. Or, explain why you have no employment history.

- 16.** 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, including other languages spoken.

17. Do you have a valid driver's license? Yes No

18. The AmeriCops application process requires a criminal history check to ensure community members whom we work are protected.

Past sexual offenses, violent crimes, or crime that would have a direct bearing on your service are being investigated.

This background check will entail our search of the National Sex Offenders Registry and an FBI criminal history check, which will require fingerprinting.

Answer the following questions fully. Existence of a criminal conviction or juvenile 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.

19. Have you ever been convicted as an adult, 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 currently facing charges for any offense or on probation or parole? Yes No

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: _____

20. **CERTIFICATION**

Your application must be certified with your original signature in ink.

By signing this application 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. Misinformation or omission of information could result in disqualification or termination as an AmeriCorps member. I understand that if I am selected to participate in the LIFT CAA School Readiness Americorps Program, that I will be required to submit to a physical examination, with results being turned in to the LIFT Head Start Health Specialist, and a copy being filed in my AmeriCorps file that is kept in the Head Start Administration office.

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 collectin 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.

Signature

Date

Print Name

REFERENCE FORM

To The Applicant:

Please complete your information below and give this form to each of your references. Select people who know you well and who are familiar with your personal background, education, employment, and/or professional skills. A family member cannot provide a reference for you. Consider asking work supervisors, clergy, teachers, counselors, coaches, or someone else familiar with your motivation and community involvement.

Applicant's Name: _____
Last First Middle

Applicant's Address: _____
(If PO Box, also give number & street) City State Zip

Home Phone: _____ Cell Phone: _____

To Person Providing a Reference:

The person named above is applying to be an AmeriCorps member. The applicant believes that you would be able to evaluate his or her qualifications and provide 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.

Please complete this form, seal it in an envelope, sign your name across the seal on the outside of the envelope, and return it to the applicant to send in with their application.

Name of Reference: _____
Last First Middle

Position/ Title: _____

Organization: _____

Address: _____
(If PO Box give number and street) City State Zip

Home or Cell Phone: _____

Work Phone: _____

Email Address: _____

KNOWLEDGE OF THE APPLICANT:

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

In what capacity have you known the applicant:

<input type="checkbox"/> Job Supervisor/ Employer	<input type="checkbox"/> High School Teacher	<input type="checkbox"/> Clergy
<input type="checkbox"/> Volunteer Supervisor	<input type="checkbox"/> College Instructor	<input type="checkbox"/> Coach
<input type="checkbox"/> 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 judgement, how competent is this applicant, as demonstrated by work in the community, in school, on the job, or in a position or responsibility? Please check one.

<input type="checkbox"/>	Outstanding Performance
<input type="checkbox"/>	Above Average Performance
<input type="checkbox"/>	Satisfactory
<input type="checkbox"/>	Below Average Performance
<input type="checkbox"/>	Unsatisfactory Performance

Relationships With Other People:

3. AmeriCorps members must serve and communicate with people of varied cultural, economic, educational, racial, and religious backgrounds. Please comment briefly on the applicant's relationships with others and ability to work as a member of a team.

EMOTIONAL MATURITY:

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

OVERALL RECOMMENDATION:

5. What is your overall recommendation?

<input type="checkbox"/>	I recommend the applicant for AmeriCorps service.
<input type="checkbox"/>	I have some reservations, but I believe the applicant will succeed.
<input type="checkbox"/>	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.

REFERENCE FORM

To The Applicant:

Please complete your information below and give this form to each of your references. Select people who know you well and who are familiar with your personal background, education, employment, and/or professional skills. A family member cannot provide a reference for you. Consider asking work supervisors, clergy, teachers, counselors, coaches, or someone else familiar with your motivation and community involvement.

Applicant's Name: _____
Last First Middle

Applicant's Address: _____
(If PO Box, also give number & street) City State Zip

Home Phone: _____ Cell Phone: _____

To Person Providing a Reference:

The person named above is applying to be an AmeriCorps member. The applicant believes that you would be able to evaluate his or her qualifications and provide 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.

Please complete this form, seal it in an envelope, sign your name across the seal on the outside of the envelope, and return it to the applicant to send in with their application.

Name of Reference: _____
Last First Middle

Position/ Title: _____

Organization: _____

Address: _____
(If PO Box give number and street) City State Zip

Home or Cell Phone: _____

Work Phone: _____

Email Address: _____

KNOWLEDGE OF THE APPLICANT:

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

In what capacity have you known the applicant:

<input type="checkbox"/> Job Supervisor/ Employer	<input type="checkbox"/> High School Teacher	<input type="checkbox"/> Clergy
<input type="checkbox"/> Volunteer Supervisor	<input type="checkbox"/> College Instructor	<input type="checkbox"/> Coach
<input type="checkbox"/> 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 judgement, how competent is this applicant, as demonstrated by work in the community, in school, on the job, or in a position or responsibility? Please check one.

<input type="checkbox"/>	Outstanding Performance
<input type="checkbox"/>	Above Average Performance
<input type="checkbox"/>	Satisfactory
<input type="checkbox"/>	Below Average Performance
<input type="checkbox"/>	Unsatisfactory Performance

Relationships With Other People:

3. AmeriCorps members must serve and communicate with people of varied cultural, economic, educational, racial, and religious backgrounds. Please comment briefly on the applicant's relationships with others and ability to work as a member of a team.

EMOTIONAL MATURITY:

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

OVERALL RECOMMENDATION:

5. What is your overall recommendation?

<input type="checkbox"/>	I recommend the applicant for AmeriCorps service.
<input type="checkbox"/>	I have some reservations, but I believe the applicant will succeed.
<input type="checkbox"/>	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.

REFERENCE FORM

To The Applicant:

Please complete your information below and give this form to each of your references. Select people who know you well and who are familiar with your personal background, education, employment, and/or professional skills. A family member cannot provide a reference for you. Consider asking work supervisors, clergy, teachers, counselors, coaches, or someone else familiar with your motivation and community involvement.

Applicant's Name: _____
Last First Middle

Applicant's Address: _____
(If PO Box, also give number & street) City State Zip

Home Phone: _____ Cell Phone: _____

To Person Providing a Reference:

The person named above is applying to be an AmeriCorps member. The applicant believes that you would be able to evaluate his or her qualifications and provide 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.

Please complete this form, seal it in an envelope, sign your name across the seal on the outside of the envelope, and return it to the applicant to send in with their application.

Name of Reference: _____
Last First Middle

Position/ Title: _____

Organization: _____

Address: _____
(If PO Box give number and street) City State Zip

Home or Cell Phone: _____

Work Phone: _____

Email Address: _____

KNOWLEDGE OF THE APPLICANT:

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

In what capacity have you known the applicant:

<input type="checkbox"/> Job Supervisor/ Employer	<input type="checkbox"/> High School Teacher	<input type="checkbox"/> Clergy
<input type="checkbox"/> Volunteer Supervisor	<input type="checkbox"/> College Instructor	<input type="checkbox"/> Coach
<input type="checkbox"/> 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 judgement, how competent is this applicant, as demonstrated by work in the community, in school, on the job, or in a position or responsibility? Please check one.

<input type="checkbox"/>	Outstanding Performance
<input type="checkbox"/>	Above Average Performance
<input type="checkbox"/>	Satisfactory
<input type="checkbox"/>	Below Average Performance
<input type="checkbox"/>	Unsatisfactory Performance

Relationships With Other People:

3. AmeriCorps members must serve and communicate with people of varied cultural, economic, educational, racial, and religious backgrounds. Please comment briefly on the applicant's relationships with others and ability to work as a member of a team.

EMOTIONAL MATURITY:

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

OVERALL RECOMMENDATION:

5. What is your overall recommendation?

<input type="checkbox"/>	I recommend the applicant for AmeriCorps service.
<input type="checkbox"/>	I have some reservations, but I believe the applicant will succeed.
<input type="checkbox"/>	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.