



AMERICORPS

Corporation for
**NATIONAL &
COMMUNITY
SERVICE**

Y- AmeriCorps Application

PERSONAL PROFILE

NAME: _____
LAST FIRST MIDDLE

Are you a United States citizen, national, or lawful permanent resident alien? Yes No
If you are a lawful permanent resident alien and you received your card after January 1987, what is your registration number and card expiration date? _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____
Month/Day/Year City/State/Country

GENDER: Male Female

Earliest date you are available to begin service: _____
MM/DD/YYYY

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

Number and street (Please include a number and street address when using PO Box.)

City State Zip Code

HOME PHONE (____) _____ CELL PHONE (____) _____

EMAIL _____

Are you moving within the next six months? Yes No If yes, when? _____

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



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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, 2009 to receive the educational award.

_____ 300 hours _____ 450 hours _____ 675 hours

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

COMMUNITY SERVICE

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.

DATES OF INVOLVEMENT: From: _____ To: _____
Mo./Yr. Mo./Yr.

Hours per month: _____

Organization Name: _____ Location: _____ Phone: _____

Description of Involvement:

DATES OF INVOLVEMENT: From: _____ To: _____
Mo./Yr. Mo./Yr.

Hours per month: _____

Organization Name: _____ Location: _____ Phone: _____

Description of Involvement:

Have you previously served in AmeriCorps? Yes No



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As part of the applicant screening process, AmeriCorps program staff may contact your previous employer(s). Sign here to acknowledge that you grant permission to contact one or more previous employers.

_____ Date _____

Explain any period of time greater than six months not accounted for by work, school, or military service.

MOTIVATIONAL STATEMENT

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 space, attach a separate piece of paper and limit your response to 500 words.

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.



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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.

Have you ever been convicted of any crime, including sex-related or child abuse related offenses? Yes No If yes, please provide a detailed explanation below.

Are you now:

Under charges for any offenses? Yes No

On probation or parole? Yes No

If no, skip to "Certification" on the next page.

If you answered yes to any of the questions above, Please provide the following information:

Date: _____ Place: _____
MM/DD/YYYY City State

Charge: _____ Action Taken: _____

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

Address: _____
STREET CITY, STATE ZIP CODE

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



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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

It is the policy of the YMCA of Greater Indianapolis to provide equal employment opportunity to employees and candidates for employment. Accordingly, there shall be no discrimination against any employee or candidate for employment due to race, color, religious creed, sex, national origin, age, citizenship, disability or against disabled veterans and veterans of the Vietnam era. This policy is applicable to the policies governing recruitment, hiring and placement, promotion, training, compensation, employment environment, and separation or termination.



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Compliance with this policy is the personal responsibility of all personnel especially those whose duties are related to the hiring of new employees and the status or tenure of current employees. Further, as an Equal Opportunity Employer, the company will cooperate fully in the implementation of applicable laws and executive orders.

To ensure compliance with YMCA of Greater Indianapolis policy, the Vice President of Leadership Development and Human Resources has been designated the Equal Employment Opportunity Administrator.

Diversity Commitment

Our purpose is to practice inclusion by valuing the diversity of all people within our association and the communities we serve. We do so by helping our YMCA increase and support the cultural competence of staff, members, volunteers, and the various publics we serve. Diversity is the mosaic of people who bring a variety of backgrounds, styles, perspectives, beliefs, and competencies as assets to the YMCA.

Return to: Intercollegiate YMCA
Attn: Amanda Cullum
615 N Alabama St Suite 200
Indianapolis, In 46204

Please make copies of this reference form and distribute to **THREE** individuals (employer, professor, etc.) References will not be accepted from friends or family members.



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KNOWLEDGE OF THE APPLICANT

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

What is your relationship with the applicant? _____

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 the 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 and/or his/her ability to function in this capacity.



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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.*

- Works well with others; can lead or follow as the occasion demands.
- Has an average working relationship with others.
- Does not work well with others.
- Usually works well with others; can lead or follow in most situations.
- Has difficulty working with others.

EMOTIONALLY MATURITY

5. Please comment on the applicant's ability to 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 challenging conditions and sometimes 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? *Please check one.*



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- 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's ability to perform in this role.
- I do not recommend this applicant for AmeriCorps service.

CONFIDENTIALITY STATEMENT

____ I AUTHORIZE the program 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 to identify me as the source of this reference, nor do I authorize to release a copy of this reference in its entirety to the applicant.

Signature: _____

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Indianapolis, In 46204**