

AmeriCorps Application Form – Year 2009/10



Scott County Partnership

Instructions: Type or print clearly in black or blue ink. Answer all questions.

NAME (Last, First, Middle)

PHONE NO.

() _____

ADDRESS (Number and Street, City, State, Zip Code)

Alt. PHONE NO.

() _____

POSITION or PLACE DESIRED [After-School programs @ Austin Learning Center, or EDGE (SMS), OVO-Head Start, Kids' Place, Future Unlimited, CASA (Court-appointed Special Advocates), Clearinghouse, Drop Out Prevention/Volunteer Recruitment, Second Chance (credit recovery), Adult Education Center]

Full Time (1700 hrs) _____
Part-time (900 hrs) _____

Reduced Part time (675 hrs) _____

Quarter Time (450 hrs) _____

Minimum Time (300 hrs) _____

EMAIL Address:

(Educational Award only)

_____ (450 & 300 hrs)

HAVE YOU WORKED FOR THE SCOTT COUNTY PARTNERSHIP OR AMERICORPS BEFORE?

Yes ___ No ___

ARE YOU A U.S. CITIZEN OR POSSESS VALID U.S. EMPLOYMENT DOCUMENTATION?

Yes ___ No ___

Do you have a valid driver's license? **Circle one:** Yes No

Have you ever been convicted of any criminal offense by either a civilian or military court, other than minor traffic violations? **Circle One:** Yes No

If yes, please provide the following information:

Date: _____ Place: _____

Charge: _____ Action Taken: _____

EDUCATION

	NAME AND ADDRESS OF SCHOOL	MAJOR	DEGREE/ DIPLOMA
High School	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
College	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Trade, business, other	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

SPECIAL SKILLS AND QUALIFICATIONS: List job-related licenses, skills, training, honors, awards, and special accomplishments

EMPLOYMENT HISTORY: (START WITH PRESENT OR LAST POSITION)

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____

From: _____ To: _____

Duties: _____

Reason for leaving: _____

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____

From: _____ To: _____

Duties: _____

Reason for leaving: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes _____ No _____

REFERENCES: (EXCLUDE RELATIVES)

Name/Title	Address and Phone No.	Occupation
1. _____ _____	_____ _____	_____
2. _____ _____	_____ _____	_____
3. _____ _____	_____ _____	_____
4. _____ _____	_____ _____	_____

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.

How have you been involved with your community? If you served in an organization, include the organization name, location, and dates. List your most recent activity first. Attach a separate sheet of paper if you need more space.

Why do you want to join AmeriCorps? What do you hope to gain from serving as an AmeriCorps member? If you need additional room, please attach a separate sheet of paper.

Do you know or have you studied any language other than English? **Circle One:** Yes No

If yes, what language? _____

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.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY FALSE INFORMATION ON THIS APPLICATION MAY BE GROUNDS FOR NOT HIRING ME.

I understand that by signing this application I am giving permission to The Scott County Partnership, the host organization, to conduct a State criminal registry background check for Indiana and if necessary the state in which I, the applicant, am residing in at the time of application for a position as an AmeriCorps State member. I am also giving The Scott County Partnership permission to conduct a Department of Justice National Sex Offender Public Registry check at <http://www.nsopr.gov> on me, the applicant, in accordance with the Scott County AmeriCorps Background Check Policy and the Code of Federal Regulations 45 CFR §§ 2510, 2522, 2540, 2551, and 2552 AmeriCorps Special Provisions.

I understand that Criminal History Background Check results for member participation in the Scott County AmeriCorps Program are at the discretion of the Scott County Partnership.

SCOTT COUNTY AMERICORPS IS AN EQUAL OPPORTUNITY PROGRAM

DATE _____ SIGNATURE _____

Please return all applications to:

Scott County Partnership

P.O. Box 214

Scottsburg, IN 47170

Attn: AmeriCorps/Jene Chadwick Bridgewater