



# AmeriCorps Application

## Senior Connections or Disaster Services

Green River Area Development District

### 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: \_\_\_\_\_

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: \_\_\_\_\_

E-Mail (required): \_\_\_\_\_

9 Are you moving within the next six months? yes  no

10 Permanent Address: Name and address of a person through whom you can always be reached

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip code

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## Education

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

<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%;">Some high school</td><td style="width: 50px; border: 1px solid black; text-align: center;"> </td></tr> <tr><td>High school diploma or GED</td><td style="border: 1px solid black; text-align: center;"> </td></tr> <tr><td>Technical school</td><td style="border: 1px solid black; text-align: center;"> </td></tr> <tr><td>Associates degree</td><td style="border: 1px solid black; text-align: center;"> </td></tr> </table>	Some high school		High school diploma or GED		Technical school		Associates degree		<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%;">Some college</td><td style="width: 50px; border: 1px solid black; text-align: center;"> </td></tr> <tr><td>Bachelor's degree</td><td style="border: 1px solid black; text-align: center;"> </td></tr> <tr><td>Graduate degree</td><td style="border: 1px solid black; text-align: center;"> </td></tr> <tr><td>Other</td><td style="border: 1px solid black; text-align: center;"> </td></tr> </table>	Some college		Bachelor's degree		Graduate degree		Other	
Some high school																	
High school diploma or GED																	
Technical school																	
Associates degree																	
Some college																	
Bachelor's degree																	
Graduate degree																	
Other																	

12 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

13 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

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

Name and address of employer	Dates	Job Titles and Duties
------------------------------	-------	-----------------------

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

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

---

---

---

---

---

---

---



## AmeriCorps Application – Senior Connections Background Check Requirements

19 Attach a photo copy of a valid driver’s license or other government issued ID.

I authorize the AmeriCorps program staff at the Green River Area Development District to perform the required background checks with the National Sexual Offender Public Registry website at <http://www.nsopw.gov> , the Kentucky Courts of Justice at the website <http://apps.kycourts.net/publicmenu/>

If selected as an AmeriCorps member I authorize the AmeriCorps program staff at the Green River Area Development District to perform an FBI fingerprint background check <http://www.fbi.gov> The cost of the FBI fingerprint check will be the responsibility of GRADD.

Selection as an AmeriCorps member is conditional pending the receipt of acceptable results of all background checks. Program staff will maintain documentation of all background checks in the member’s file and these files will be kept confidential. Supervisors and members will be provided an opportunity to review findings on request.

20 Signed: \_\_\_\_\_

I have verified this applicant’s identity against the attached photo ID. \_\_\_\_\_ interviewer

For this applicant	Satisfactory	Unsatisfactory	Date
sexual predator background check result is			
KY Courts of Justice background check result is			
FBI fingerprint background check result is			

## Certification

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

---

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.

21

---

Signature

Date

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

Submit the completed application to: Green River Area Development District  
AmeriCorps  
3860 U. S. Highway 60 West  
Owensboro, Kentucky 42301

# 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.

- Can lead or follow as the occasion demands
  - Usually works well with others
  - Average working relationship with others
  - Has difficulty working with others
- 

Emotional Maturity

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

- Capable of adapting to adverse and changing situations
- Average ability to adapt to change and adverse situations
- 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

- I recommend the applicant without reservation as an excellent candidate.
- I recommend the applicant as a good candidate for AmeriCorps service.
- 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**



# 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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?

---



---



---



---

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**