



AmeriCorps
Senior Connections
Member Service Application

Return/Mail Application To: Green River Area Development District, 300 GRADD Way, Owensboro, KY
42301

*Fill Form Completely - Submit 2 References -
Attach Copies of Driver's License, Social Security Card - Birth Certificate*

Last

First

Middle

Skills & Experience

Listed below are skill areas that may be useful to our AmeriCorps Senior Connections Host Sites.
Please indicate the skill areas in which you have had training or experience.

MS Word	Gardening	InHome Care
MS Excel	Volunteerism	Housekeeping
MS Power Point	Arts & Crafts	Home Repair
MS Publisher	Construction	Social Activities
Food Pantry	Disaster Info	Public Speaking

Yes No Language(s)

Are you fluent in any languages other than English?

Excellent Good Fair Poor

Speaking Ability

Writing Ability

Computer Ability

Time Management

Decision Making

Teamwork

Communication

Please tell us anything else about yourself you would like us to know.

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 any minor traffic violations.

Are you currently:

Yes No

Yes No

Under any charges for any offense?

On probation or parole?

If you answered "No", sign below and go the to NSCHS Consent Form on next page.

If you answered "Yes" to any of the questions above provide the following information and sign below:

Date:

City / State:

Charge:

Action Taken:

Court, Probation or Parole Officer:

Name:

Address:

City:

State:

Zip Code:

Phone:

I affirm and certify that all the information and answers to questions herein are complete, true and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for termination, whenever discovered.

Name Printed

Signature

Date

Senior Connections (SrC) NSCHC Consent



I, _____ (PRINT NAME), understand that participation in national service requires a candidate to undergo a National Service Criminal History Check process, or NSCHC. My signature below affirms my willing consent for SrC to conduct searches, using my legal name, of required criminal history components¹. Further, I attest that the information contained herein is truthful, and acknowledge that my participation in this national service program is contingent on results of the NSCHC.

YOU HAVE THE RIGHT TO REFUSE TO UNDERGO AN NSCHC PROCESS. IF SO, SIGN BELOW

I refuse to undergo an NSCHC process, and accept that I will be ineligible for service:

I accept that: **A)** per the National Service Act, a component result that reveals either criteria below renders me ineligible for service, and **B)** per the AmeriCorps Office of General Counsel, making a false statement regarding any connection to either criteria below also renders me ineligible for service:

1. Being registered, or required to be registered, as a sex offender
2. Being convicted of murder

I accept that, per SrC determination, any component result determined by the Program to have a reasonable relationship to my ability to perform service, may render me unsuitable for service.

I approve this Consent to apply for any future NSCHC processes required. I also consent to SrC's sharing component results (*as allowed by law*) with a host site, understanding that refusing to do so may jeopardize site placement. This Consent includes authorization to make an electronic and/or photographic copy of my government-issued ID.

Aliases / Maiden / Nickname(s)

State of Residence Self-Declaration

1. When you applied for service or work, did you live in the United States?
 YES, go to question 2 NO², go to question 3
2. Are you currently enrolled as a full-time college student with an out-of-state ID?
 YES³, go to question 4 NO, go to question 5
3. Where did you live before leaving the United States? *FILL IN THE CITY AND STATE IN THE SPACE BELOW*
4. For the purpose of attending school, where do you live? *FILL IN THE CITY AND STATE IN THE SPACE BELOW*
5. Where do you live?

CITY

STATE

¹ NSCHC components include:

A) a search of the NSOPW, **B)** a Kentucky State Check, **C)** an FBI Check, and if required **D)** a State of Residence Check

² **REQUIRES DOCUMENTATION DEMONSTRATING PROOF OF FOREIGN RESIDENCY**

³ **REQUIRES DOCUMENTATION DEMONSTRATING ENROLLMENT IN A QUALIFIED KENTUCKY SCHOOL**

Opportunity to Dispute

Applicant Notification and Record Challenge: If required, SrC may acquire your fingerprints to check the criminal history records of the FBI. You have the opportunity to challenge the factual accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR § 16.34, and are also available on the FBI website, <https://fbi.gov>.

You also have the right to challenge the factual accuracy of any results that SrC determines as a factor rendering you ineligible or unsuitable for participation in a national service program.

CANDIDATE SIGNATURE

DATE

CERTIFIED SrC STAFF SIGNATURE

DATE

CERTIFIED SrC STAFF PRINTED NAME

Effective June 15, 2021

Person Completing this Reference Form

Signature

Date

