

**AmeriCorps  
Senior Connections  
Member Service Application**  
Return completed form to:  
Green River Area Development District  
300 GRADD Way  
Owensboro, KY 42301  
(270) 926-4433  
Email: [seniorconnections@gradd.com](mailto:seniorconnections@gradd.com)  
Fax: (270) 852-1310

**Legible copies of Drivers License, Social Security Card & Birth Certificate Required**

<b>Full Name</b>	
<b>Address</b>	
<b>City, State, Zip Code</b>	
<b>Phone Number</b>	
<b>Email Address</b>	
<b>Date of Birth</b>	
<b>Place of Birth</b>	
<b>Social Security Number</b>	
<b>Are you a United States Citizen, national or lawful permanent resident alien?</b>	

The Green River Area Development District AmeriCorps Senior Connections Program provides equal opportunity to all, ensuring the openness and availability of The Program and its activities for all individuals. The program does not discriminate in any aspect of employment or service because of race, color, sex, national origin, religion, age, mental or physical disability, HIV/AIDS status, sexual orientation, gender identity or expression, political affiliation, marital or parental status, military service, or any other improper criterion.



## Education

Check the highest level of education completed.

<b>GED</b>		<b>Associate's Degree</b>	
<b>High School</b>		<b>Bachelor's Degree</b>	
<b>Some College</b>		<b>Master's Degree</b>	
<b>Technical School</b>		<b>Other</b>	

School Attended	Location	Major	Degree Earned	Date

## Community Service

Organization	Location	Date of Service

## Motivational Statement

Why are you interested in becoming an AmeriCorps Member?



# Employment History

<b>Employer</b>	
<b>Dates of Employment</b>	
<b>Title</b>	
<b>Supervisor</b>	
<b>Duties</b>	
<b>Reason for Leaving</b>	

<b>Employer</b>	
<b>Dates of Employment</b>	
<b>Title</b>	
<b>Supervisor</b>	
<b>Duties</b>	
<b>Reason for Leaving</b>	

<b>Employer</b>	
<b>Dates of Employment</b>	
<b>Title</b>	
<b>Supervisor</b>	
<b>Duties</b>	
<b>Reason for Leaving</b>	



## 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.

<b>Microsoft Word</b>		<b>Gardening</b>		<b>Social Activities</b>	
<b>Microsoft Excel</b>		<b>Volunteerism</b>		<b>Public Speaking</b>	
<b>Microsoft Power Point</b>		<b>Arts &amp; Craft</b>		<b>Housekeeping</b>	
<b>Microsoft Publisher</b>		<b>Disaster Information</b>		<b>Food Preparation</b>	
<b>Internet/Computer</b>		<b>Fundraising</b>		<b>Food Pantry</b>	

Skill Set				
<b>Speaking</b>				
<b>Writing</b>				
<b>Time Management</b>				
<b>Decision Making</b>				
<b>Teamwork</b>				
<b>Communication</b>				
<b>Follow Directions</b>				
<b>Listening</b>				

Answer the following questions fully. The existence of criminal conviction(s)/adjudication(s) 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:

	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Under any charges of offenses?			On probation or parole?		

If you answered “NO” to both questions, continue to the NSCHC Consent Form on the next page.

If you answered “YES” to either question above provide the following information.

<b>Date</b>		<b>City/State/Zip Code</b>	
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<b>Charge</b>	
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**Court, Probation or Parole Office**

<b>Name</b>	
<b>Address</b>	
<b>City/State/Zip Code</b>	
<b>Phone / Email Address</b>	

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.

<b>Name</b>	<b>Signature</b>	<b>Date</b>

**Senior Connections 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 Senior Connections (SrC) to conduct searches, using my legal name, of required criminal history components<sup>1</sup>. 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.

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

1. Being registered, or required to be registered, as a sex offender
2. Being convicted of murder, as defined in 18 U.S.C. 1111

I accept that, at SrC's discretion, any component result determined to have a reasonable relationship to my ability to perform member service activities may render me as 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 documentation to establish First and Last name parameters for name-based component searches.

**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:

<b>Signature / Date</b>

**Aliases / Maiden / Nickname(s)**



<sup>1</sup> 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

### 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

NO<sup>2</sup>, go to question 3

2. Are you currently enrolled as a full-time college student with an out-of-state ID?

YES<sup>1</sup>, 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?

4.

<b>City</b>	<b>State</b>

### Opportunity to Dispute

**Applicant Notification and Record Challenge:** If required, SrC may acquire my fingerprints to check the criminal history records of the FBI. I will have the opportunity to challenge the factual accuracy of the information contained in the FBI identification record<sup>2</sup>. I also have the right to challenge the factual accuracy of any results that SrC determines as a factor in a determination that I am unsuitable for participation in the national service program.

\_\_\_\_\_  
CANDIDATE SIGNATURE

\_\_\_\_ | \_\_\_\_ | \_\_\_\_  
DATE

\_\_\_\_\_  
SrC PROGRAM STAFF SIGNATURE

\_\_\_\_ | \_\_\_\_ | \_\_\_\_ CERTIFIED  
DATE

**Brad Alley**

CERTIFIED SrC PROGRAM STAFF PRINTED NAME

*Effective July 19, 2022*

**REQUIRES DOCUMENTATION DEMONSTRATING PROOF OF FOREIGN RESIDENCY**

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

<sup>2</sup>

<sup>1</sup>

<sup>2</sup>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>

