



AmeriCorps

REV: 7.2021

AmeriCorps Application

Senior Connections

Please print this application, fill out completely and legibly

Return application to :

Green River Area Development District

300 Gradd Way

Owensboro, KY 42301

270-926-4433

Email: seniorconnections@gradd.com

Fax: 270-852-1310

Write legibly - Fill out completely

Submit 2 References

Attach copies of your Driver's License, Social Security Card and Birth Certificate

The Senior Connections AmeriCorps 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.

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: _____

The program begins September 1st.

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: _____

9 E-Mail (required): _____

Education

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

Some High School High School diploma /GED Some College Technical School	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Associate Degree Bachelor's Degree Graduate School Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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11 List all schools after high school that you have attended.

School Attended	Location City / State	Dates Attended		Major	Degree Earned	Date Received
		From:	To:			

Community Service

12 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:

C. Dates of Involvement: From: _____ To: _____
 Organization Name: _____ Location: _____
 Description of Involvement:

Employment

13 Describe the last three positions you have held. Begin with the most recent.

A.	Name and address of employer Organization, city / state	Dates From To	Job Titles and Duties Title: _____ Duties: _____
Supervisor: _____			
Phone: _____			
Reason for leaving: _____			

B.	Name and address of employer Organization, city / state	Dates From To	Job Titles and Duties Title: _____ Duties: _____
Supervisor: _____			
Phone: _____			
Reason for leaving: _____			

C.	Name and address of employer Organization, city / state	Dates From To	Job Titles and Duties Title: _____ Duties: _____
Supervisor: _____			
Phone: _____			
Reason for leaving: _____			

Motivational Statement

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

Skills and Experience

15 Listed below are skill areas that may be useful to our programs. Indicate which skill areas that you have had training or experience including volunteer or community service.

	Computer skills (MSWord, Excel, Power Point, Publisher, Arc Map, CAD)		
	Typing		
	Volunteer recruitment		In-home care for seniors
	Arts and Crafts		Housekeeping
	Construction		Home maintenance & repair
	Disaster Preparedness		Organizing Social Activities
	Disaster Response		Public speaking

16 Do you know or have you studied any other language besides English?

Yes No

Language: _____ Number of Years: _____

Speaking ability: Poor Fair Good Excellent

Writing ability: Poor Fair Good Excellent

Certification

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.

23 _____
Signature

_____/_____/_____
Date

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

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

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