

## AmeriCorps Application Packet

Dear Friend,

Fill out the application to the best of your ability.

**Must be 18 years or older with a High School Diploma or GED to apply.**

Please make certain to follow directions carefully!

Page 2 **You must fill out top half this page.**

Page 3 **Please indicate which AmeriCorps Site you wish to apply:**

Example: Okeene Public Schools or Alva Public Schools

Page 5 **Is it necessary to have a resume and references? Yes**

Page 7 **Must I sign the certification in INK? Yes**

Page 7 **Must my parent or guardian sign if I am under the age of 18? YES**

**Applications may be returned to the site in which you are applying or send to the address below.**

Sincerely,

Kim Wardlaw Director 580-822-5607

Becky Bedwell Co-Director 580-822-5624

Box 409

Okeene, Ok 73763

[serve4success@okeene.k12.ok.us](mailto:serve4success@okeene.k12.ok.us)

## CRIMINAL HISTORY RECORDS AUTHORIZATION

I, \_\_\_\_\_,

I hereby consent to a National Service Criminal History Check (which includes an FBI fingerprint search, the Oklahoma State Bureau of Investigation and the Department of Justice National Sex Offender Public Website) for my prospective participation in an AmeriCorps program. I also certify under penalty of perjury that I have not been convicted of murder\*. I realize that my selection to participate as an AmeriCorps member is contingent in part on the results of these background checks.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

I hereby certify that the member's identify listed above was verified by a government issued photo identification and that the required National Service Criminal History Check (which includes an FBI fingerprint search, the Oklahoma State Bureau of Investigation and the Department of Justice National Sex Offender Public Website) The results of these criminal background checks were considered as part of the selection process for this member to serve in AmeriCorps.

\_\_\_\_\_  
Program Director or Site Supervisor Name (printed)

\_\_\_\_\_  
Signature

*\*"Murder is the unlawful killing of a human being with malice aforethought. Every murder perpetuated by poison, lying in wait, or any other kind of willful, deliberate, malicious, and premeditated killing; or committed in the perpetration of, or attempt to perpetrate, any arson, escape, murder, kidnapping, treason, espionage, sabotage, aggravated sexual abuse or sexual abuse, child abuse, burglary, or robbery; or perpetrated as part of a pattern or practice of assault or torture against a child or children; or perpetrated from a premeditated design unlawfully and maliciously to effect the death of any human being other than him who is killed, is murder in the first degree. Any other murder is murder in the second degree." (18 U.S.C. § 1111)*

**Serve for Success AmeriCorps  
Member Application**

**PERSONAL INFORMATION**

NAME \_\_\_\_\_  
Last First Middle

MAIDEN NAME or Previous Last Name(s) \_\_\_\_\_

Are you a United States citizen, national, or lawful resident alien?

☐ Yes ☐ No

If you are a lawful permanent resident alien please list  
your registration number and card expiration date?

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

GENDER ☐ Male ☐ Female

Earliest date you are available to begin service: \_\_\_\_\_

CURRENT ADDRESS: (*Please notify if there is a change*)

P.O. Box or Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Current email \_\_\_\_\_

List which AmeriCorps site(s) in which you wish to apply.

\_\_\_\_\_

## EDUCATION

Check the boxes that apply to your education.

- ☐ H.S. Diploma      ☐ GED      ☐ Technical School/Apprenticeship
- ☐ Associate's degree      ☐ 48 + College Hrs. \_\_\_\_\_
- ☐ Bachelor's degree
- ☐ Graduate degree

☐ I have passed at least one H.S. or college level English course within the past two years.

☐ I have passed at least one H.S. or college level math course within the past two years.

I hereby certify under penalty of law that I have graduated from \_\_\_\_\_ high school in \_\_\_\_\_.

Or I have attained a GED on \_\_\_\_\_.  
date

I am still attending High School at \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**List all of the schools that you have attended. Start with H.S. Include trade or technical schools, military training, and employment with a training program.**

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

Have you previously served in AmeriCorps? ☐ No      ☐ Yes

If yes, list the Program Name and Location and dates:

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

Did you complete your term of service? ☐ Yes      ☐ No

Check all that apply: ☐ AmeriCorps \*State National  
☐ AmeriCorps \*NCCC      ☐ AmeriCorps \*Vista

## EMPLOYMENT

Please include a resume that briefly lists your most recent places of Employment. Please Include contact names and numbers for at least two References.

Please list at least two references and their contact information.

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## MOTIVATION

Why would you like to join our Serve for Success AmeriCorps Program?  
How do you plan to use the education award?

[illegible]

## LEGAL

Answer the following question 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 minor traffic violations.

Have you ever been convicted of any criminal offense by either a civilian or military court, or adjudicated as a juvenile offender other than minor traffic violations?

Yes ☐ No ☐

Are you now?

\* Under charges for any offenses?

Yes ☐

No

☐

\* On probation or parole?

Yes ☐

No

☐

### If no, skip to "Certification"

If you answered **yes** to any of the questions above, please provide the  
Following information:

Date: \_\_\_\_\_  
Month/Day/Year

Place: \_\_\_\_\_  
City and State

Charge: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Court, Probations, or Parole Officer: \_\_\_\_\_

Phone: \_\_\_\_\_

Address:

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

You may attach any additional information or explanations on a separate sheet.

## CERTIFICATION

I certify that all the 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 disqualifications and/or termination as an AmeriCorps member.**

PRIVACY ACT NOTICE: The Privacy Act of 1974 (5 U.S.C 522a) 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 12592 and 126592 and 12615 of the National and Community Service Act of 1990 as amended, and 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 into an AmeriCorps program, and for other general routine purposes associated with your participation in an AmeriCorps program. These routine purposes may include disclose 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.

We also use this information to provide state and local law enforcement agencies to determine the existence of any prior criminal convictions. The information will not otherwise be disclosed to entities outside of AmeriCorps and the Corporations for National and Community Service without our prior written permission.

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**SIGNATURE**

**DATE**

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

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### **For Parent or Guardian of Applicants Under 18 Years of Age:**

I have reviewed this application and I authorize my son/daughter/legal ward to apply to AmeriCorps.

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**SIGNATURE**

**DATE**

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State Zip