

# Little Dixie CAA School Readiness AmeriCorps State Application



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

You must provide a birth certificate, copy of driver's license, copy of Social Security Card and a copy of you High School Diploma or GED with application.

Be aware that all potential members must undergo a State, Federal and Sexual Offender background check before being considered for any AmeriCorps slot.

You must provide three written references by non-family members with application.

1. Name: \_\_\_\_\_  
Last First Middle

2. AmeriCorps members must be a United States citizen, U.S. National or Lawful Permanent Resident. 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: \_\_\_\_\_  
CITY STATE COUNTRY

6. GENDER: MALE  FEMALE

7. CURRENT ADDRESS: \_\_\_\_\_  
NUMBER AND STREET

CITY STATE ZIP CODE

Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**8. PERMANENT ADDRESS:** Applies to students & renters. For example: a parent or grand- parents address if you will be relocating in the near future. An address you can always be reached at:

Name of Addressee: \_\_\_\_\_  
 FIRST LAST RELATIONSHIP TO YOU

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Street address

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City State Zip Code

**Home Phone** ( ) \_\_\_\_\_

**Cell Phone** ( ) \_\_\_\_\_

**9.** What is the highest level of education that you will have completed by the time you are planning to serve in AmeriCorps?

High School Diploma or GED	<input type="checkbox"/>	Some College	<input type="checkbox"/>
Technical School/ Apprentice	<input type="checkbox"/>	Bachelor's Degree	<input type="checkbox"/>
Associates Degree	<input type="checkbox"/>	Graduate Degree	<input type="checkbox"/>

Other (please specify): \_\_\_\_\_

**10.** List all schools after high school that you have attended, including trade or technical schools, military training and employment training programs.

Name of School (most recent first)	Location of School	Dates Attended	Type of Degree or Certificate

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

**COMMUNITY SERVICE** (Previous service is not always a requirement.)

11. Describe how you have reached out to help others and/or how you have been involved in your own community. Explain why you decided to serve or get involved, and what you received in return - that is, what you learned or how it made you feel. Think in broad terms. List your most recent activity first. Attach a separate sheet of paper if you need more space. (Your involvement could include serving in neighborhood, school, religious, social, professional, or other volunteer groups: helping out with community service projects, or less formal activities.

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A. Dates of involvement and Organization Name: \_\_\_\_\_  
\_\_\_\_\_

Description of involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Dates of Involvement and Organization Name: \_\_\_\_\_  
\_\_\_\_\_

Description of involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. HAVE YOU PREVIOUSLY SERVED IN AMERICORPS?**

YES  NO

HOW MANY TIMES IN EACH OF THE PROGRAMS?

AMERICORPS VISTA: \_\_\_\_\_

AMERICORPS NCCC: \_\_\_\_\_

AMERICORPS STATE & NATIONAL: \_\_\_\_\_

Program or AmeriCorps Campus: \_\_\_\_\_

Location: \_\_\_\_\_  
City State

From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Did you complete your term of service? YES  No

If not, explain why? \_\_\_\_\_

\_\_\_\_\_

**13. MOTIVATIONAL STATEMENT**

We would like to understand more about you and your reasons for applying to AmeriCorps. Take a few minutes and consider those experiences which have made you the person you are today. Please share one of these experiences with us and how it has sparked your interest in community service. If you need additional space, attach a separate piece of paper.

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\_\_\_\_\_

**14. EMPLOYMENT**

Beginning with the most current or most recent position, list & briefly describe the

last four positions you have held or the last ten years of employment. Include self-employment, internships/ fellowships, home management, and full or part time paid or unpaid work experience. (You may attach a resume instead if it addresses the information requested below).

**Name & Address of Employer**

A. Organization, City/ State: \_\_\_\_\_

\_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title & Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor Name, Phone & email: \_\_\_\_\_

\_\_\_\_\_

**Name & Address of Employer**

A. Organization, City/ State: \_\_\_\_\_

\_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title & Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor Name, Phone & email: \_\_\_\_\_

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**Name & Address of Employer**

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Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title & Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor Name, Phone & email: \_\_\_\_\_

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**Name & Address of Employer**

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Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title & Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor Name, Phone & email: \_\_\_\_\_

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- 15.** Explain any period of time greater than six months not accounted for by AmeriCorps, Peace Corps, work, school, or military service. Or, explain why you have no employment history.

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- 16.** In the space below or on a separate sheet of paper, provide any additional skills and experience that may be helpful in evaluating your application, including other languages spoken.

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17. Do you have a valid driver's license?  Yes  No

18. The AmeriCops application process requires a criminal history check to ensure community members whom we work are protected.

Past sexual offenses, violent crimes, or crime that would have a direct bearing on your service are being investigated.

This background check will entail our search of the National Sex Offenders Registry and an FBI criminal history check, which will require fingerprinting.

Answer the following questions fully. Existence of a criminal conviction or juvenile 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.

19. Have you ever been convicted as an adult, or adjudicated as a juvenile offender, of any criminal offense by either a civilian or military court, other than minor traffic violations?  Yes  No

Are you currently facing charges for any offense or on probation or parole?  Yes  No

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

Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Month/Day/Year City/ State

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

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

20. **CERTIFICATION**

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

By signing this application I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge, and

are made in good faith. Misinformation or omission of information could result in disqualification or termination as an AmeriCorps member. I understand that if I am selected to participate in the LDCAA School Readiness Americorps Program, that I will be required to submit to a physical examination, with results being turned in to the Little Dixie Head Start Health Specialist, and a copy being filed in my AmeriCorps file that is kept in the Head Start Administration office.

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 collectin information from you in this application is contained in 42 U.S.C 12592 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.

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Signature

Date

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Print Name



# REFERENCE FORM

## To The Applicant:

Please complete your information below and give this form to each of your references. Select people who know you well and who are familiar with your personal background, education, employment, and/or professional skills. A family member cannot provide a reference for you. Consider asking work supervisors, clergy, teachers, counselors, coaches, or someone else familiar with your motivation and community involvement.

Applicant's Name: \_\_\_\_\_  
Last First Middle

Applicant's Address: \_\_\_\_\_  
(If PO Box, also give number & street) City State Zip

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

## To Person Providing a Reference:

The person named above is applying to be an AmeriCorps member. The applicant believes that you would be able to evaluate his or her qualifications and provide a candid recommendation.

The success of AmeriCorps largely depends upon an appropriate match between programs and members. Considerable value is placed on personal references during the application review and selection process. Your input is greatly appreciated.

Please complete this form, seal it in an envelope, sign your name across the seal on the outside of the envelope, and return it to the applicant to send in with their application.

Name of Reference: \_\_\_\_\_  
Last First Middle

Position/ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
(If PO Box give number and street) City State Zip

Home or Cell Phone: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

**KNOWLEDGE OF THE APPLICANT:**

How long have you known the applicant:            Years: \_\_\_\_\_ Months: \_\_\_\_\_

In what capacity have you known the applicant:

<input type="checkbox"/> Job Supervisor/ Employer	<input type="checkbox"/> High School Teacher	<input type="checkbox"/> Clergy
<input type="checkbox"/> Volunteer Supervisor	<input type="checkbox"/> College Instructor	<input type="checkbox"/> Coach
<input type="checkbox"/> Other (specify): _____		

**Please describe the situation in which you know the applicant:**

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**Work Performance:**

1. Please comment on such qualities as the applicant's level of dependability, initiative, and ability to work with minimal supervision and as a member of a team.

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2. In your judgement, how competent is this applicant, as demonstrated by work in the community, in school, on the job, or in a position or responsibility? Please check one.

<input type="checkbox"/>	Outstanding Performance
<input type="checkbox"/>	Above Average Performance
<input type="checkbox"/>	Satisfactory
<input type="checkbox"/>	Below Average Performance
<input type="checkbox"/>	Unsatisfactory Performance

**Relationships With Other People:**

3. AmeriCorps members must serve and communicate with people of varied cultural, economic, educational, racial, and religious backgrounds. Please comment briefly on the applicant's relationships with others and ability to work as a member of a team.

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**EMOTIONAL MATURITY:**

4. Please comment on the applicant's ability to adapt and work under difficult and changing conditions.

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**OVERALL RECOMMENDATION:**

5. What is your overall recommendation?

<input type="checkbox"/>	I recommend the applicant for AmeriCorps service.
<input type="checkbox"/>	I have some reservations, but I believe the applicant will succeed.
<input type="checkbox"/>	I do not recommend this applicant for AmeriCorps service.

**CONFIDENTIALITY STATEMENT**

I AUTHORIZE the program and/or the Corporation for National and 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 and 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 to the applicant.

Your Signature: \_\_\_\_\_

PLEASE RETURN THIS FORM, IN AN ENVELOPE SIGNED ACROSS THE SEAL, DIRECTLY TO THE APPLICANT.

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Position/ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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How long have you known the applicant:            Years: \_\_\_\_\_ Months: \_\_\_\_\_

In what capacity have you known the applicant:

<input type="checkbox"/> Job Supervisor/ Employer	<input type="checkbox"/> High School Teacher	<input type="checkbox"/> Clergy
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**Please describe the situation in which you know the applicant:**

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