



2018-19 AmeriCorps Cross Cultural Education Service Systems (ACCESS) Member Application

AmeriCorps is **NOT** a job. AmeriCorps is a **ONE YEAR COMMITMENT** to **LEARN, SERVE**, and earn a **SMALL MONTHLY STIPEND** and **EDUCATION AWARD!** AmeriCorps ACCESS members help immigrant and refugee communities gain better access to human services, become economically self-sufficient, and build bridges of understanding with mainstream communities.

Please answer **ALL** questions. Please **PRINT** clearly.

| Applicant Profile Information | | | | | |
|---|---|--------------------|--|-------------------|----|
| First Name | | Middle Name | | Last Name | |
| Have you had a name change for any reason? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please list previous name(s) | | 1. | 2. | 3. | 4. |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | | Date of Birth (mm/dd/yy) | | |
| Citizenship | <input type="checkbox"/> US citizen <input type="checkbox"/> Permanent Resident | | Birthplace | Ethnicity | |
| Mailing Address | | | | | |
| City | | | State | Zip Code | |
| Permanent Address (if different) | | | | | |
| City | | | State | Zip Code | |
| Home Phone | | | Cell Phone | Work Phone | |
| Email Address (non-school) | | | | | |
| State of Residency (at time of application) | | | | | |
| Languages Spoken (advanced – other than English) | | 1. | 2. | 3. | 4. |

| Education | | |
|-----------------------------------|---------------------------|--|
| Highest Level of Education | | |
| Name of School Attended | Date of Graduation | |
| Degree / Major | | |

| For UNCG Students ONLY | | | |
|---|--|--|------------------------|
| What is your UNCG ID number? | | | |
| Will you be graduating this May 2018? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Will you be a student for the 2018-19 academic year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please select year (in fall 2018) | | <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate | |
| Expected Graduation Date | | | |
| Will you be a student employee? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | |
| If yes, will it be: | | Department | # of hours/week |
| <input type="checkbox"/> Work Study <input type="checkbox"/> Graduate Assistantship <input type="checkbox"/> Not Applicable | | | |
| Please Note: <i>If you have a graduate assistantship, you will be considered for a Quarter-time position only, due to restrictions by the Graduate School.</i> | | | |

| Previous AmeriCorps Service | | | |
|--|--------------------------------------|--|--|
| Have you previously served in AmeriCorps? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please provide the following information: | | | |
| PROGRAM 1: | | | |
| Program Name | Term Served (i.e., 9/10-8/11) | Position Type (i.e., FT, PT, etc.) | |
| Director Name | Telephone | Email | |
| Did you successfully complete the program? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please submit one of the following documents as evidence that you have successfully completed your AmeriCorps service term(s): 1) signed letter from your Program Director OR 2) evidence of receipt of an education award (i.e., screen shot of my.americorps.gov showing the award or copy of award voucher). | | | |

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|--|--|--|--|---------------------------------------|-----------------------------|
| If no, please explain why: | | | | | |
| | | | | | |
| Does the ACCESS staff have your consent to contact this program to inquire about your performance? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| PROGRAM 2: | | | | | |
| Program Name | | Term Served (i.e., 9/10-8/11) | | Position Type (i.e., FT, PT, etc.) | |
| Director Name | | Telephone | | Email | |
| Did you successfully complete the program? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <i>If yes, please submit one of the following documents as evidence that you have successfully completed your AmeriCorps service term(s): 1) signed letter from your Program Director OR 2) evidence of receipt of an education award (i.e., screen shot of my.americorps.gov showing the award or copy of award voucher).</i> | | | | | |
| If no, please explain why: | | | | | |
| | | | | | |
| Does the ACCESS staff have your consent to contact this program to inquire about your performance? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| Additional Information | | | | |
|---|--|--|--|--|
| Dietary Restrictions | <input type="checkbox"/> Regular | <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Vegan | <input type="checkbox"/> Other: |
| Please list all social media (Facebook, Twitter, Instagram, etc.) accounts that you are connected with and indicate whether it's private or public. | | | | |
| <input type="checkbox"/> I do not have any social media account. | 1. _____ <input type="checkbox"/> Public <input type="checkbox"/> Private | 2. _____ <input type="checkbox"/> Public <input type="checkbox"/> Private | 3. _____ <input type="checkbox"/> Public <input type="checkbox"/> Private | |
| The ACCESS Project will provide members with member gear, including t-shirts. Please indicate your t-shirt preference. | | | | |
| <input type="checkbox"/> Adult Men | <input type="checkbox"/> Adult Women | <input type="checkbox"/> Small | <input type="checkbox"/> Medium | <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large <input type="checkbox"/> XXX-Large |
| Emergency Contacts | | | | |
| Please provide two emergency contacts. | | | | |
| Name | | Phone | | Relationship |
| Name | | Phone | | Relationship |

| AmeriCorps Position Preference | | | | | |
|---|---------------|----------------|---------------------------|--------|---------------------------------|
| Please review our list of available positions at http://cnnc.uncg.edu/ameriCorps-access-project-available-positions & identify the position(s) that you are interested in. (If applying for more than one positions, please list them in order of preference.) | | | | | |
| Position Type | Ex: Part-time | Position Title | Ex: Volunteer Coordinator | Agency | Ex: Glen Haven Community Center |
| Position Type | | Position Title | | Agency | |
| Position Type | | Position Title | | Agency | |
| Position Type | | Position Title | | Agency | |

Applicant Name: _____

Motivation, Skills, & Experience

List 3 words that best describe you.

1. _____

2. _____

3. _____

What are your top 3 reasons for wanting to be in the ACCESS Project?

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Tell us why you are the perfect candidate for the ACCESS Project.

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Tell us about your experience with different cultures or human services programs.

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Understanding that this AmeriCorps program is a one year commitment, if accepted to the program, what would prevent you from completing your service?

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Everyone at some point in their life has had conflicts with someone be it a family member, friend, supervisor, co-worker, teacher, etc. Give ONE example of a conflict you've dealt with and how you handle the situation.

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Financial burden is one of the reasons why a member fails to fulfill their AmeriCorps commitment. When a member does not complete their service term, it has negative impact on our partner agency, clients and the ACCESS program. What financial plan and/or support system do you have in place during the service year?

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At some point during your AmeriCorps year, you are contacted about a job offer that will help to advance your career. Would you take this job, knowing that you will break your AmeriCorps commitment and your departure will negatively impact our program, partner agency, and clients? Please explain.

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Certification

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. 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 in the ACCESS Project will require a National Service Criminal History check and a UNCG criminal background check, and sex offender registry search and I authorize for the aforementioned searches to be completed by the ACCESS Project. Acceptance into the program is contingent upon satisfactory results of the Criminal History checks. I understand that, if accepted, my participation in this program is contingent upon continued funding of the ACCESS Project by the Corporation for National and Community Service.

| | | | |
|------------------|--|-------------|--|
| Signature | | Date | |
|------------------|--|-------------|--|

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.

| | | | |
|---------------------|--|---------------------|--|
| Signature | | Date | |
| Name | | Relationship | |
| Address | | | |
| City | | State | |
| Phone Number | | Zip | |