



AmeriCorps is **NOT** a job. This is a national community service program that requires a **ONE YEAR COMMITMENT** for you to **LEARN, SERVE,** and earn a **SMALL MONTHLY STIPEND** and **EDUCATION AWARD.**

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

Applicant Profile Information					
First Name		Middle Name		Last Name	
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)					
Languages Spoken (advanced – other than English)	1.	2.	3.	4.	
For applicants outside of NC, the ACCESS program does not provide financial assistance with relocation expenses or housing.	What is your housing plan?				
	When do you anticipate moving to NC?				
	I acknowledge that the ACCESS Project does not provide relocation or housing assistance. Please initial here _____.				
For out-of-the country applicant, when do you expect to be returning to the US? NC?					
Have you ever attended or worked for UNCG before?					
Are you a graduate of UNCG?					
How do you know about the ACCESS program?					

For UNCG Students ONLY					
What is your UNCG ID number?					
Will you be graduating this May 2022?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Will you be a student for the 2021-22 academic year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If yes, please select year (in fall 2021)	<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:	<input type="checkbox"/> Work Study	<input type="checkbox"/> Graduate Assistantship	Department		# of hours/week
	<input type="checkbox"/> Not Applicable				

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

Previous AmeriCorps Service

Have you previously served in AmeriCorps? Yes 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? Yes 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).

If no, please explain why:

Does the ACCESS staff have your consent to contact this program to inquire about your performance? Yes 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? Yes 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).

If no, please explain why:

Does the ACCESS staff have your consent to contact this program to inquire about your performance? Yes No

Additional Information

Please list all social media (Facebook, Twitter, Instagram, etc.) accounts that you are connected with and indicate whether it's private or public.

1. Facebook Name: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private	2. Twitter Name: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private	3. Instagram Name: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private	4. Other Name: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
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I do not have any social media account.

Emergency Contacts

Please provide two emergency contacts.

Name		Phone		Relationship	
Name		Phone		Relationship	

Applicant Name: _____

Motivation, Skills, & Experience

Tell us what you know about the ACCESS program and how being a part of it would benefit you.

We're looking for committed individuals who understand that a one-year commitment is a one-year commitment (Sept – Aug). Explain what this statement means to you and share why you are the best possible candidate for this opportunity.

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?

What assurances do you have that speak highly to your character that if accepted to the program you will find ways to succeed?

State whether you're applying for a Part-time or Full-time position and explain why.

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	
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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.

Signature		Date	
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Name		Relationship	
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Address			
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City		State		Zip	
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Phone Number					
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