

AmeriCorps is **NOT** a job. It is a national service program requiring a **ONE YEAR COMMITMENT** to **LEARN, SERVE**, and earn a **SMALL MONTHLY STIPEND** and **EDUCATION AWARD**.

Please answer **ALL** questions and **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		
Permanent Address (if different)					
City			State		
Home Phone			Cell Phone		
Email Address (non-school)					
Languages Spoken (advanced – other than English)	1.	2.	3.	4.	
State of residency at time of this application					
For applicants outside of NC, the ACCESS program does not provide financial assistance with relocation expenses or housing.		What is your housing plan?			
		When are you 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 return to the US? NC?					
Have you ever attended or worked for UNCG before?					
How do you know about the ACCESS program?					

Social Media

Please list your social media accounts (e.g., Facebook, Twitter, Instagram, TikTok) 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
<input type="checkbox"/> I do not have any social media account.			

AmeriCorps Member Gear

We will provide a t-shirt along with other AmeriCorps gear to selected members, please specify your shirt size preference.

Small Medium Large X-Large XX-Large XXX-Large

Emergency Contacts

Please provide 2 emergency contacts.

	Phone			Relationship
	Phone			Relationship

Applicant Name: _____

For UNCG Students ONLY

What is your UNCG ID number?			
Will you be a student for the 2023-24 academic year?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please select year (in fall 2023)		<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, which is it?		Dept. Name	
<input type="checkbox"/> Work Study <input type="checkbox"/> Graduate Assistantship			
		# of hours per week	

AmeriCorps Position Preference

Please review our list of available positions at <http://cnnc.uncg.edu/ameri-corps-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	<i>Example:</i> Full-time	Position Title	<i>Example:</i> Employment Specialist	Agency	<i>Example:</i> Glen Haven Community Center
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 (e.g., 9/2010-8/2011)		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 (e.g., screen shot of my.americorps.gov showing the award or copy of award voucher).

If no, please explain why:

May the ACCESS staff contact this program to inquire about your performance? Yes No

PROGRAM 2:

Program Name		Term Served (e.g., 9/2010-8/2011)		Position Type (e.g., 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 e.g., screen shot of my.americorps.gov showing the award or copy of award voucher).

If no, please explain why:

May the ACCESS staff contact this program to inquire about your performance? Yes No

Applicant Name: _____

Motivation, Skills, & Experience

Tell us what you know about the ACCESS program and why you want to be in this program.

Why are you applying for an AmeriCorps position when you can apply for a job that pays you more?

Financial burden is one of the reasons why a member fails to complete the program. What financial plan and/or support system do you have in place during the service year?

We're looking for committed individuals who understand that a one-year commitment is a one-year commitment (Sept – Aug). What does this statement mean to you and how does this one-year AmeriCorps service fits into your life plan?

When a member does not complete their service term, it has negative impact on our partner agency, clients, and the ACCESS program. Additionally, we cannot replace your position with another member. What assurances do you have that speak highly to your character that you will find ways to succeed if accepted to the program?

Applicant Name: _____

Certification

To the best of my knowledge, I certify that all of the statements made in this application are true, correct, complete, and made in good faith. I understand that misinformation or omission of information could result in disqualification and/or termination as an AmeriCorps member. As part of the application selection process, I acknowledge that I must consent to a National Service Criminal History Check, including a sex offender registry search, a state criminal history check, and an FBI fingerprint-based search. Also, I consent to a driving record check for an AmeriCorps position with transportation duties as outlined in the Member Service Description. I authorize the searches aforementioned to be completed by the ACCESS Project. I understand that my acceptance into the program is contingent upon satisfactory results of the checks and continued funding of the ACCESS Project.

Signature		Date	
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For Parent or Guardian of Applicants under 18 Years of Age: I have reviewed this application and 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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