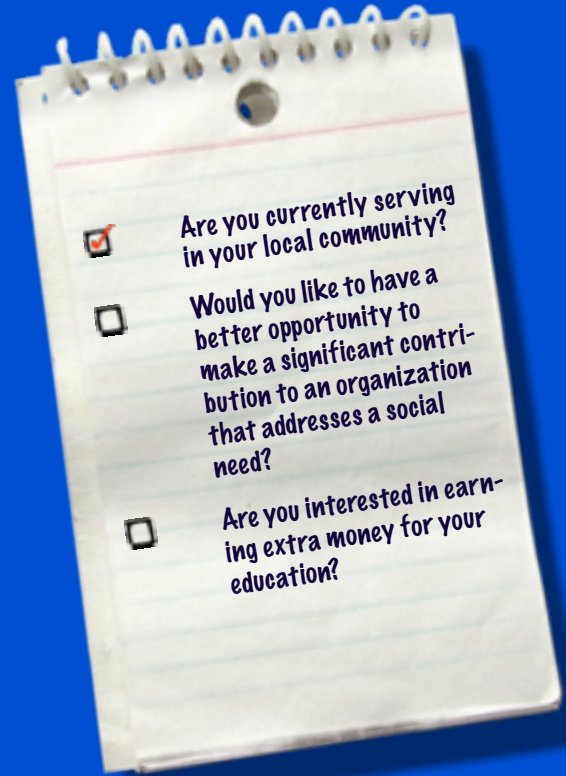


New Jersey Bonner AmeriCorps Program



2016-2017 New Jersey Bonner AmeriCorps Program Application

Don't forget to attach the following:

- ☐ Government-issued Photo Identification (State Identification Card, State Driver's License, Public School Identification Card);
- ☐ Government-issued Birth Certificate, US Passport, Legal Permanent Resident Card or Certificate of Naturalization;
- ☐ Signed Social Security Card;
- ☐ Resume;
- ☐ Education Documentation;

Don't forget to complete the following:

- ☐ NSOPW Check;
- ☐ Member Self Certification Criminal History Form
- ☐ New Jersey State Police Criminal History Check Form (original blue form)
- ☐ Schedule FBI Fingerprinting Appointment through Fieldprint

A. APPLICANT INFORMATION

Name: _____
LAST FIRST MIDDLE

Are you a United States citizen, national, or lawful permanent resident alien? ☐ Yes ☐ No

Social Security Number: _____

Date of Birth: _____

Place of Birth: _____

Gender: ☐ Male ☐ Female

CURRENT ADDRESS

NUMBER AND STREET

CITY

STATE

ZIP CODE

Home Phone: _____ Work Phone: _____ E-Mail: _____

PERMANENT ADDRESS (if different than above)

NUMBER AND STREET

CITY

STATE

ZIP CODE

Home Phone: _____ Work Phone: _____ E-Mail: _____

EMPLOYMENT

Please submit your resume with employment information with this application.

EDUCATION

Please submit your resume with education information with this application.

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

Please describe any community or volunteer service you have previously accomplished. Please attach an additional sheet of paper if necessary.

[illegible]

Have you previously served in AmeriCorps? ☐ Yes ☐ No

Program Name: Check all that apply:

☐ AmeriCorps*VISTA ☐ AmeriCorps*NCCC ☐ AmeriCorps*State and National

Program Location: _____ From: _____ To: _____

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

If no, why not?

C. MOTIVATIONAL STATEMENT

Why do you want to join the New Jersey Bonner AmeriCorps Program? What do you feel you could contribute to our program?

[illegible]

D. CRIMINAL HISTORY

Please answer the following questions fully and honestly. Individuals who have been convicted of murder, sex offenses or arson are not permitted to participate in an AmeriCorps program. A criminal conviction or adjudication for an offense other than murder, sex offenses or arson may or may not, depending on the circumstances, exclude you from consideration. However, any intentional misrepresentations or omissions will disqualify you.

Have you ever been convicted either as a juvenile, or an adult of any criminal offense? ☐ Yes
☐ No

Are you now:

- Under charges for any offenses? ☐ Yes ☐ No
- On probation or parole? ☐ Yes ☐ No

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

Date: _____ Place: _____

| | |
|---------|---------------|
| Charge: | Action Taken: |
|---------|---------------|

E. AUTHORIZATION FOR CRIMINAL HISTORY CHECK

The Corporation for National and Community Service (CNCS) requires that AmeriCorps members undergo a three-part criminal history check which includes:

- 1) A completed search of the National Sex Offender Public Website;
- 2) A completed search of the CNCS designated statewide repository for the Member's state of residence and the state in which the Member will serve;
- 3) A completed and signed criminal history waiver
- 4) FBI Fingerprinting via Fieldprint

I hereby authorize The College of New Jersey to conduct the required criminal history check to determine my eligibility to participate in the New Jersey Bonner AmeriCorps Program. I understand that failure to disclose any information regarding my criminal background may result in my termination for cause from this AmeriCorps program, making me ineligible for the AmeriCorps Education Award. I understand that my ability to serve as an AmeriCorps member with the New Jersey Bonner AmeriCorps Program is contingent upon the results of the criminal history check. I understand that failure to consent to the criminal history check will make me ineligible to serve in the New Jersey Bonner AmeriCorps Program. I understand that convictions related to sex offenses, murder and arson are cause for immediate disqualification for service in an AmeriCorps program.

In addition, I understand that per my written request, I will be given the opportunity to review the results of my criminal history check. I also understand that I have the opportunity to challenge the results of the criminal history check.

Criminal history check results will be kept confidential. However, I authorize The College of New Jersey to share the results of my criminal history check with my Campus Director (if applicable), my Site Supervisor, the staff of the Bonner Foundation, the staff of the New Jersey State Commission on National and Community Service, and the staff of the Corporation for National and Community Service. I understand that the results of my criminal history check may also be viewed by outside auditors from The College of New Jersey and the Corporation for National and Community Service during an authorized audit of the New Jersey Bonner AmeriCorps Program.

I understand that I must be accompanied at all times by an authorized program official when I am in contact (in person contact, phone contact or electronic communication contact) with a member of a vulnerable population (youth under the age of 18, persons over the age of 60 and individuals living with disabilities) until my criminal history check is complete. The authorized program official must have successfully passed the criminal history check required by the service site for unaccompanied access to vulnerable populations.

Name: _____
Last First Middle

Sex (circle): Male Female Social Security: ____ - ____ - ____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Other/Maiden Name(s): _____
Last First Middle Last First Middle

List all addresses at which you have resided in the past five years:

Applicant Signature: _____ Date: _____

Parent or Guardian Signature (if applicant is under 18 years of age: _____

Date: _____

F. REFERENCES

Please provide the name of and contact information for two employers, teachers, professors, advisors or mentors that we may contact to gain a better understanding of your community service, work and academic history. **Please do not list any relatives.**

| | |
|--------------|--------------------|
| Name & Role: | Phone: () |
| Name & Role: | Phone: () |

G. CERTIFICATION

Your application must be certified with your signature.

I certify that all information contained in this application is accurate and true.

Applicant Signature: _____ Date: _____

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

I have received this application and I authorize my son/daughter/legal ward to apply to the New Jersey Bonner AmeriCorps Program.

Parent or Guardian Signature: _____ Date: _____

****Certain sections of this application were taken from the AmeriCorps application provided by the Corporation for National and Community Service.***