2012-2013 AmeriCorps Application



APPLICANT INFORMATION

Name:			
LAST	FIRST		MIDDLE
Are you a United States of	citizen, national, or lawful perman	ent resident alien?	□Yes □No
Social Security Num	ber:		
Date of Birth:			
Place of Birth:			
Gender: 🗆 Male	Female		
	DRESS		
NUMBER AND STREET			
CITY	STATE	ZIP CODE	
Home Phone:	Work Phone:	E-Mai	l:
PERMANENT	ADDRESS (if different than	n above)	
NUMBER AND STREET			
CITY	STATE	ZIP CODE	
Home Phone:	Work Phone:	E-Mai	l:
EMPLOYMENT			

Please attach your resume with employment information to this application.

EDUCATION

Please attach your resume with education information to this application.

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.

Have you previously served	in AmeriCorps? 🏾 Yes 🔲	No
Program Name: Check all t	nat apply:	
□ AmeriCorps*VISTA	□ AmeriCorps*NCCC	□ AmeriCorps*State and National
Program Location:	From	n:To:
Did you complete your ter	m of service? \Box Yes \Box No	
f no, why not?		

MOTIVATIONAL STATEMENT

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

	

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 or adjudicated as a juvenile offender, of any criminal offense by either a civilian or military court, other than minor traffic violations? \Box Yes \Box No

Are you now:

- Under charges for any offenses?
- On probation or parole?

🗆 Yes	🗆 No
\Box Yes	□ No

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

Date:	Place:
Charge:	Action Taken:

Authorization for Criminal History Check

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

- I) 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; and
- 3) A completed FBI fingerprint check.

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 AmeriCorps Bonner Leader 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 AmeriCorps Bonner Leader 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 AmeriCorps Bonner Leader 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 AmeriCorps Bonner Leader 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 succesfully passed the criminal history check required by the service site for unaccompanied access to vulnerable populations.

This authorization form must be accompanied by a good copy of a government issued photo ID.

Name:							
Last		First			Middle		
Sex (circle): Male	Female	Social Security:		Date	of Birth:		
Address:							
City/State/Zip:							
Other/Maiden Nar	.,			<u> </u>			
List all addresses a	Last t which you ha			Last	First	Middle	
Applicant Signature	2:				Date:		
Parent or Guarida	n Signature (if	applicant is under	18 years of age	:			
Date:							Page 4

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:
	()

CERTIFICATION

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

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 Ameri-Corps Bonner Leader Program.

Parent or Guardian Signature: _____ Date: _____

Please send your completed application to:

New Jersey AmeriCorps Bonner Leader Program 10 Mercer Street, Princeton, NJ 08540

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