

# 2017-18 AmeriCorps Application

## I. Application Cover Sheet

**APPLICANT NAME:**

**DATE:**

**Member Requirements:** Applicants must meet all of the following criteria in order to be eligible to apply

- 17 years old or older by program start date
- U.S. Citizen or Permanent Resident (*Deferred Action or Temporary Permanent Resident does not qualify*)
- Commitment to serve the community!

This service opportunity is highly interpersonal and requires that members serve well with others and accommodate diverse points of view. In return for service, members receive a biweekly living allowance and end of term education award.

**Program Preference:** (*select all that apply*)

**Education** – Serve with one of CitySquare’s community partner agencies in a structured afterschool or summer programs to provide daily enrichment activities and increase academic engagement for youth in low-income areas of Dallas and Houston.

- Full time, one-year term (Houston only)     Part time, school year term (Sept-May) (Dallas only)
- Full time summer term (May-Aug) (Dallas and Houston)

**Hunger (Dallas only)** – Help fight hunger throughout the year with CitySquare’s food pantry or during the summer with Food on the Move, a mobile food program that provides daily meals to children residing in the Greater DFW area.

- Full time 4-month term (Sept-Dec, Jan-Apr)
- Full time summer term (May-Aug)

**Other Community Needs (Dallas only)** – Serve with CitySquare programs and other community partners focused on volunteer management or neighbor support services. Priority consideration given to applicants pursuing a Bachelor’s or Master’s in Social Work.

- Full time 4-month term (Sept-Dec, Jan-Apr, or May-Aug)

**Earliest Date Available:**

**Application Process:**

Applicants are encouraged to apply early as applications are considered on a rolling basis until all positions are filled. Qualified applicants are screened and interviewed by both CitySquare AmeriCorps and a partner agency before any formal offer can be made.

Please submit finalized applications via email to [americorps@citysquare.org](mailto:americorps@citysquare.org). Complete all portions of the application; incomplete applications will not be considered. If your application is being considered, you will receive a phone call within 10 days of submission.

**Email:** [americorps@citysquare.org](mailto:americorps@citysquare.org)

**Mail:** c/o AmeriCorps; 1610 S. Malcolm X Blvd., Ste. 250 Dallas, TX 75226

**Fax:** 469-458-2292

**Website:** [www.citysquare.org/becomeamember](http://www.citysquare.org/becomeamember)

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### II. Applicant Information

<b>Legal Name:</b> _____		_____
<i>Full Legal Name (First, Middle, Last)</i>		<i>Preferred Name</i>
<b>Address:</b> _____		_____
<i>Address at time of application</i>		<i>Apartment/Unit #</i>
_____		_____
<i>City</i>		<i>State</i> <span style="float: right;"><i>Zip Code</i></span>
<b>Phone:</b> _____	<b>Email:</b> _____	<b>Date of Birth:</b> _____
<p>Are you a U.S. citizen or a lawful permanent resident?    YES <input type="checkbox"/>    NO <input type="checkbox"/>    <i>NOTE: Deferred action does not qualify.</i></p> <p>Do you have a valid Driver's License?    YES <input type="checkbox"/>    NO <input type="checkbox"/></p> <p>Do you drive your own car?    YES <input type="checkbox"/>    NO <input type="checkbox"/></p> <p>Do you speak Spanish?    YES <input type="checkbox"/>    NO <input type="checkbox"/>    Other Language: _____</p> <p>Have you previously served with AmeriCorps?    YES <input type="checkbox"/>    NO <input type="checkbox"/>    If yes, how many terms? _____</p> <p>How did you hear about our program?    <input type="checkbox"/> Friend/family member    <input type="checkbox"/> Post on career/school website</p> <p style="padding-left: 100px;"><input type="checkbox"/> Other: _____</p>		

### III. Education

**Please list the last two schools you have attended, beginning with the most recent:**

School Name: _____	City/State: _____
Currently Enrolled:    YES <input type="checkbox"/> NO <input type="checkbox"/>	Year Graduated/Expected Graduation: _____    Major: _____
Type of degree/certification: <input type="checkbox"/> Technical school <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree (MA, MD, PhD, etc.)	
School Name: _____	City/State: _____
Currently Enrolled:    YES <input type="checkbox"/> NO <input type="checkbox"/>	Year Graduated: _____    Major: _____    N/A <input type="checkbox"/>
Type of degree/certification: <input type="checkbox"/> Technical school <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree (MA, MD, PhD, etc.)	

**Applicants must possess a high school diploma or equivalent prior to service, please complete the following:**

I possess a high school diploma or have received an equivalency certificate.

School Name / Year: \_\_\_\_\_    City/State: \_\_\_\_\_

I do not possess a high school diploma or equivalency certificate. Therefore,

I agree to obtain a high school diploma or its equivalent prior to using the education award and certify that I have not dropped out of elementary or secondary school in order to enroll as an AmeriCorps member.

OR

During my term of service, I agree to pursue a high school diploma or equivalency certificate.

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## IV. Legal Information

**Are you currently on probation, or have you been convicted for any criminal offense other than minor traffic violations?**

*\* Your certifying signature at the end of this application allows us to run a FBI background check on you prior to service. Failure to disclose all criminal history will result in disqualification from the program. If you are a registered sex offender or if you have been convicted of murder, you are not eligible to serve with AmeriCorps. Additionally, all positions may be subject to a pre-employment drug screening.*

YES     NO

If Yes, please explain:

## V. Work Experience/Extracurricular Activities

Please list your previous work experience beginning with your most recent position. If you have no work experience, please list extracurricular activities, volunteer work, club membership, youth groups, or other leadership roles you have taken on in school or other organizations.

Company/Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Worked/Served From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

Company/Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Worked/Served From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

## VI. Essay

Please complete the following essay question. Essays are evaluated on content, structure and grammar. Your response should be approximately 250-500 words. Applications with insufficient essays will not be considered complete and will not be reviewed. Please use the form field below or attach as a separate document.

Describe the life experience(s) that motivate(s) you to serve in AmeriCorps.

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## VII. Certification

The AmeriCorps application process requires a three-part National Service Criminal History Check. This background check requires a search of the (1) National Sex Offenders Website, (2) a Texas Department of Public Safety check and if applicable, a state repository check through your current state of residence and (3) a FBI fingerprint background check.

By typing my name in the space below and submitting electronically, or by providing an original signature, I consent to the AmeriCorps program to complete the above-mentioned criminal background checks. I certify that all the statements made in this application, including verification of high school diploma or equivalency are true, correct and complete to the best of my knowledge and are made in good faith. Misinformation or omission of information could result in disqualification or termination as an AmeriCorps member. I understand that any offer to serve is contingent upon the results of the required three-part check and proof of my citizenship status and age.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*For parent or guardian of applicants under 18 years of age –* By typing my name in the space below and submitting electronically, or by providing an original signature, I certify I have reviewed this application, and I authorize my son/daughter/legal ward to apply and, if selected, to participate in AmeriCorps.

Parent or Guardian Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_