



# New Hampshire Community Health Corps AmeriCorps Application

1. **NAME:** \_\_\_\_\_  
First Last MIDDLE

2. AmeriCorps members must be a United States citizen, U.S. national or lawful permanent resident.  
Are you a United States citizen, national, or lawful permanent resident alien? Yes No  
If you are a lawful permanent resident alien and you received your card after January 1987, what is your registration number and card expiration date? \_\_\_\_\_

3. SOCIAL SECURITY NUMBER: \_\_\_\_\_

4. DATE OF BIRTH: \_\_\_\_\_  
MONTH/DAY/YEAR

5. PLACE OF BIRTH: \_\_\_\_\_  
CITY/STATE/COUNTRY

6. GENDER: Male Female

7. Earliest date you are available to begin service: \_\_\_\_\_  
MONTH/DAY/YEAR

8. **CURRENT ADDRESS:** All information will be sent to this address unless you notify us of a change.

\_\_\_\_\_  
NUMBER AND STREET (IF POSSIBLE, INCLUDE A NUMBER AND STREET ADDRESS WHEN USING A P.O. BOX)

\_\_\_\_\_  
CITY STATE ZIP CODE

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

9. **EMERGENCY CONTACT/PERMANENT ADDRESS**

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

\_\_\_\_\_  
NUMBER AND STREET (IF POSSIBLE, INCLUDE A NUMBER AND STREET ADDRESS WHEN USING A P.O. BOX)

\_\_\_\_\_  
CITY STATE ZIP CODE

Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

# EDUCATION

10. Check the highest level of education that you will have completed by the time you are planning to serve in AmeriCorps. (Check only one.)

- Some High School
- High School Diploma or GED
- Technical School/Apprenticeship
- Associate Degree
- Some College
- Bachelor's degree
- Graduate degree
- Other (please specify): \_\_\_\_\_

11. List all schools after high school that you have attended, including trade or technical schools, military training and employment training programs.

Name of School (List most recent first)	Location of School (City/State)	Dates Attended		Major or Area of Study	Type of Degree or Certificate	Date Received or Expected
		From Mo./Yr.	To Mo./Yr.			
A. _____						
B. _____						
C. _____						
D. _____						

# POSITION

Please indicate which AmeriCorps position you are interested in applying for. You may apply to multiple positions.

- Full Time (1700 hours) One year of service starting in September
- Part-time (900 hours) Start Date: \_\_\_\_\_ Approximate End Date: \_\_\_\_\_
- Reduced Part-time (675 hours) Start Date: \_\_\_\_\_ Approximate End Date: \_\_\_\_\_
- Quarter Time (450 hours) Start Date: \_\_\_\_\_ Approximate End Date: \_\_\_\_\_
- Summer Associate Member (300 hours) Start Month: \_\_\_\_\_ Approximate End Date: \_\_\_\_\_

# Host Site

Please indicate the host site(s) you are interested in applying for.

- The Laura Foundation Madison, NH (all positions available)
- Adaptive Sports Partners Franconia, NH (all positions available)
- Zebra Crossings Dover, NH (all positions available)
- Concord/Manchester Area (site TBA) (Full and Part-Time Position only)
- Touchstone Farm Temple, NH (Full and Part-Time Position only)
- Dartmouth Hitchcock Medical Center Lebanon, NH (Full and Part-Time Position only)
- Boys and Girls Club of North Country Lisbon, NH (Full and Part-Time Position only)
- Plymouth/Lakes Region NH TBA (Full and Part-Time Position only)

NAME AND ADDRESS OF EMPLOYER	DATES	JOB TITLE AND DUTIES
A. Organization, City/State:  Supervisor: Phone and email	From: ____/____ MO./YR.  To: ____/____ MO./YR.  Hrs./week: _____	Title: _____ Duties: _____  Reason for leaving: _____
B. Organization, City/State:  Supervisor: Phone and email	From: ____/____ MO./YR.  To: ____/____ MO./YR.  Hrs./week: _____	Title: _____ Duties: _____  Reason for leaving: _____

**COMMUNITY SERVICE**

Describe how you have reached out to help others and/or how you have been involved in your own community. Explain why you decided to serve or get involved, and what you received in return-that is, what you learned or how it made you feel. Think in broad terms. (Your involvement could include serving in neighborhood, school, religious, social, professional, or other volunteer groups; helping with community service projects; or participating in less formal activities.)

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## Employment History

NAME AND ADDRESS OF EMPLOYER	DATES	JOB TITLE AND DUTIES
<p>A. Organization, City/State:</p>   <p>Supervisor: Phone and email</p>	<p>From: _____ / _____ MO./YR.</p> <p>To: _____ / _____ MO./YR.</p> <p>Hrs./week: _____</p>	<p>Title: _____</p> <p>Duties: _____</p>  <p>Reason for leaving: _____</p>
<p>B. Organization, City/State:</p>   <p>Supervisor: Phone and email</p>	<p>From: _____ / _____ MO./YR.</p> <p>To: _____ / _____ MO./YR.</p> <p>Hrs./week: _____</p>	<p>Title: _____</p> <p>Duties: _____</p>  <p>Reason for leaving: _____</p>

# Criminal History

The AmeriCorps application process requires a criminal history check to ensure that community members with whom we work are protected, particularly children, individuals with disabilities, and individuals over 60 years old.

We will investigate for past sexual offenses and violent crimes, or crimes that would have a direct bearing on your service.

This background check will entail our search of the National Sex Offenders Registry and an FBI criminal history check, which will require your being fingerprinted at Pre-Service Orientation.

You will not be permitted to serve or work with children, individuals with disabilities, or individuals over 60 years of age, without supervision until the history check is complete and you are cleared. The review process is not lengthy, and normally is completed within weeks.

Answer the following questions fully. Existence of a criminal conviction or juvenile adjudication may or may not, depending on the circumstances, disqualify you from consideration. However, any intentional misrepresentation or omission will disqualify you. Do not include minor traffic violations.

I allow the AmeriCorps program to complete an NSOPW check and criminal background check

**Have you ever been convicted as an adult, or adjudicated as a juvenile offender, of any criminal offense by either a civilian or military court, other than minor traffic violations?**      Yes    No

Are you currently facing charges for any offense or on probation or parole?      Yes    No

If no, skip to "Certification" below. If you answered "yes" to any of the questions above, please provide the following information:

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

Charge: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Court, Probation, or Parole Officer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

# Certification

By signing this application, or by submitting it electronically if applying on-line, 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. Misinformation or omission of information could result in disqualification or termination as an AmeriCorps member. If I am selected for participation in some AmeriCorps programs, including AmeriCorps NCCC, I may be required to submit to a physical examination, including drug or alcohol testing. Background and security checks may also be conducted by some programs.

**PUBLIC BURDEN STATEMENT:** Public reporting burden for this collection of information is estimated to average 1.5 hours per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the form. Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, Attn: Amy Borgstrom, 250 E Street, SW, Washington, D.C. 20525. The Corporation informs people who may respond to this collection of information that they are not required to respond to the collection of information unless the OMB control number and expiration date displayed on page 1 are current and valid. (See 5 C.F.R. 1320.5(b)(2)(i).)

**PRIVACY ACT NOTICE:** The Privacy Act of 1974 (5 U.S.C § 552a) requires that the following notice be provided to you: The authority for collecting information from you in this application is contained in 42 U.S.C 12592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C 4953 of the Domestic Volunteer Service Act of 1973 as amended. You are advised that submission of the information is entirely voluntary, but the requested information is required in order for you to participate in AmeriCorps programs. The principal purpose for requesting this personal information is to process your application for acceptance into an AmeriCorps program, and for other general routine purposes associated with your participation in an AmeriCorps program. These routine purposes may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests, to present and former employers, references provided by you in your application, and educational institutions, for the purpose of verifying the information provided by you in your application. The information may be shared with other agencies, such as the Social Security Administration, through computer matching agreements for the purpose of verifying identity and citizenship status information provided by you in your application. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information may also be provided to appropriate federal agencies and Department contractors that have a need to know the information for the purpose of assisting the Department's efforts to respond to a suspected or confirmed breach of the security or confidentiality or information maintained in this system of records, and the information disclosed is relevant and unnecessary for the assistance. The information will not otherwise be disclosed to entities outside of AmeriCorps and the Corporation for National and Community Service without prior written permission.

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Print Name: \_\_\_\_\_

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Corporation for National and Community Service programs are available to all without regard to race, color, national origin, disability, age, gender, sexual orientation, religion, political affiliation, or other non-merit factors. Anyone believing he or she has been subjected to discrimination on these grounds by the Corporation for National and Community Service, AmeriCorps, or one of its grantees may contact our Office of Civil Rights and Inclusiveness at (202) 606-7503