

# AMERICORPS SPIRIT OF EXCELLENCE PROGRAM APPLICATION



2018

Sponsored by  
The North Carolina Commission on Volunteerism and Community  
Service

PLEASE PRINT USING BLUE OR BLACK INK

## **PERSONAL PROFILE**

Date: 8/7/2018

***\*\*\*All positions are for one year (September 1, 2018 to August 31, 2019). You must be able to complete the full year of service to receive educational award and be classified as successfully completing the program.***

Position type for which you are applying, please select one below:

- ☐ Half-Time Member: 900 hours (approximately 20 hours per week)  
☐ Reduced Half-Time Member: 675 hours (approximately 16 hours per week)  
☐ Minimum Time Member: 300 hours (approximately 7 hours per week)

Name: \_\_\_\_\_  
Last First MI

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Number and Street

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Address (if different from above):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Number and Street City and State Zip Code

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Who would you like us to contact in the event of an emergency?

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

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### **EDUCATION**

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

☐ Some High School   ☐ High School Diploma or GED   ☐ Technical School   ☐ Associates Degree  
☐ Some College   ☐ Bachelor's Degree   ☐ Graduate Degree   ☐ Other \_\_\_\_\_

If you are currently enrolled in college, what is your classification? \_\_\_\_\_

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

Name and Location of Institution	Dates Attended	Did You Graduate?	Degree/Certificate Received or current GPA	Major/Course of Study

### **SKILLS AND TRAINING (Check all that apply)**

☐ Microsoft Word   ☐ Excel   ☐ Power Point   ☐ Teaching/Tutoring   ☐ Computers/Technology   ☐ Education

Please list subjects that you would be comfortable in tutoring and your level of proficiency.:

Subject: \_\_\_\_\_ Level of Proficiency ☐ Proficient ☐ Good ☐ Expert

Subject: \_\_\_\_\_ Level of Proficiency ☐ Proficient ☐ Good ☐ Expert

Subject: \_\_\_\_\_ Level of Proficiency ☐ Proficient ☐ Good ☐ Expert

Please list any additional skills, including spoken languages, that you possess related to this position:

\_\_\_\_\_  
Please list any licenses or certifications you hold, including expiration dates:

\_\_\_\_\_  
Have you had previous experience tutoring children? If yes, please list dates and programs?

### **WORK EXPERIENCE**

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**Please provide information pertaining to your employment history. List employment in order of your most current position first:**

Place of Employment	Job Title	Brief Description of Your Responsibilities	Supervisor & Contact number	Start Date/End Date

How have you been involved in your community? Include the organization name, location, dates, and phone number. List your most recent activity first. Attach a separate sheet of paper if you need more space.

1. Dates of involvement: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ Hours Per Month: \_\_\_\_\_  
Month/Year Month/Year

Organization Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Location: \_\_\_\_\_

2. Dates of involvement: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ Hours Per Month: \_\_\_\_\_  
Month/Year Month/Year

Organization Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Location: \_\_\_\_\_

3. Dates of involvement: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ Hours Per Month: \_\_\_\_\_  
Month/Year Month/Year

Organization Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Location: \_\_\_\_\_

## **How did you hear about AmeriCorps?**

Referred by: \_\_\_\_\_

Website: \_\_\_\_\_ School: \_\_\_\_\_

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### **REFERENCES**

List individuals willing to provide character references on your behalf. Please do NOT list RELATIVES OR PERSONAL FRIENDS.

NAME	RELATIONSHIP	ADDRESS	TELEPHONE

Have you previously served in AmeriCorps? ☐ Yes ☐ No

If "Yes", did you complete your term of service? ☐ Yes ☐ No

If "No", why not? \_\_\_\_\_

If "Yes", in what program did you serve and where was the program located?  
\_\_\_\_\_

### **Other information:**

Do you have a valid Driver's License? ☐ Yes State: \_\_\_\_\_ License# \_\_\_\_\_ ☐ No

Have you been convicted of any traffic violations within the past seven years? ☐ Yes ☐ No

If "Yes", please explain: \_\_\_\_\_

### **CRIMINAL HISTORY**

The Spirit of Excellence AmeriCorps process requires a criminal history check to ensure community members with whom we work, particularly children, are protected. We are investigating for past sexual offenses and violent crimes, or crimes that would have a direct bearing on your service. The background check will entail our search of the National Sex Offenders Registry and an FBI criminal history check which will require being fingerprinted. **You will not be permitted to serve or work with children or individuals with disabilities until the history check is complete and you are cleared.** 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.**

Have you ever been convicted of a crime? ☐ Yes ☐ No

If "Yes", please explain below. You may attach any additional information or explanation on a separate sheet.

Date: \_\_\_\_\_ (month/year) Place: \_\_\_\_\_

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

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

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## **EMPLOYMENT POLICY**

Black Child Development Institute of Greensboro, Inc (BCDI-G) seeks to fill positions with the most qualified candidates based on applicants' skills and experience. Successful applicants will be chosen based on their qualifications without regard to race, color, sex, religion, national origin, age or disability status. All qualified candidates are encouraged to apply. It is the policy of the Black Child Development Institute of Greensboro, Inc that recruitment, hiring, promotions, training practices, and all other terms, conditions, and privileges of employment shall be maintained and conducted in a manner which does not discriminate on the basis of race, color, sex, age, religion, national origin, marital or military status, medical condition or disability, or any other legally protected class.

People with disabilities are encouraged to apply and reasonable accommodations are provided upon request.

As an applicant for a position of responsibility in an agency providing services to children and families, I certify that I have no criminal or civil history that would be considered inappropriate for this type of employment.

I understand that Black Child Development Institute of Greensboro, Inc. will conduct such background checks as determined to be appropriate in an effort to protect the clients served and the interest of the agency. This may include, but is not limited to, employment, military, criminal, and motor vehicle records. I authorize the release of such information from the parties holding such information or records.

Black Child Development Institute of Greensboro, Inc. conducts business with the highest possible degree of safety and efficiency. I understand that I will be tested for the use of controlled substances and/or the use of alcohol and that my continued employment depends upon the testing being negative. I understand that BCDI-G may require random drug and/or alcohol testing.

### **PLEASE READ CAREFULLY BEFORE SIGNING.**

**I HERBY CERTIFY THAT THE FACTS SET FORTH IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, IF EMPLOYED, ANY FALSIFIED STATEMENT ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. I HEREBY AUTHORIZE BLACK CHILD DEVELOPMENT INSTITUTE OF GREENSBORO, INC. TO CONDUCT INVESTIGATION OF MY PERSONAL HISTORY, INCLUDING, BUT NOT LIMITED TO CRIMINAL BACKGROUND CHECK, THROUGH ANY INVESTIGATIVE AGENCIES NECESSARY.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR PARENT OR GUARDIAN OF APPLICANTS UNDER 18 YEARS OF AGE: *I HAVE RECEIVED THIS APPLICATION AND I AUTHORIZE MY SON/DAUGHTER/WARD TO APPLY TO AMERICORPS.***

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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**MOTIVATIONAL STATEMENT**

(To be completed and submitted with the AmeriCorps Application Form)

**Why do you want to join AmeriCorps? What could you contribute to the AmeriCorps Program?**

**What do you hope to gain from serving as an AmeriCorps Member?**

(Please limit your response to 500 words. Attach additional paper as needed)



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