



Send Completed application to:
KEYS Service Corps
1 Smithfield Street
Pittsburgh, PA 15222
or email to Aaron.Gray@AlleghenyCounty.US

AMERICORPS APPLICATION

1. Name: Last First 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

6a. I am applying for: Summer Term Fall (full year) Term Either

6b. I am applying for: Full Time Part Time Either

7. Have you been referred to us by a specific host site? Yes No
If yes, which site?

8. Do you have a specific site in mind that you would like to serve at? Yes No
If yes, which site?

9. Earliest date you are available to begin service: / /
Month/Day/Year

10. 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

11. Are you moving within the next six months? Yes No If yes, when\*? / /
MONTH/DAY/YEAR

12. PERMANENT ADDRESS: (if different than above) - Please give the name and address of a person through whom you can always be reached:
Name: Relationship:
FIRST LAST

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

## EDUCATION

13. 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                       Associate's degree                       Graduate degree  
 High school diploma or GED                       Some college                       Other (please specify):  
 Technical school/Apprenticeship                       Bachelor's degree                      \_\_\_\_\_

14. 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.			
		/	/			/
		/	/			/
		/	/			/
		/	/			/

## EMPLOYMENT

15. Beginning with the most current or most recent position, list and briefly describe the last four positions you have held or your last ten years of employment you have held. Begin with the current or most recent and go back ten years. Include self-employment, internships/fellowships, home management, and full- or part-time paid or unpaid work experience. **You may attach a resume instead** if it addresses the information requested below.

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

Explain any period of time greater than six months not accounted for by your work/service history; or explain why you have no work history. \_\_\_\_\_



## PREVIOUS AMERICORPS EXPERIENCE

18. Have you previously served in AmeriCorps?  Yes  No

How many times in each of the programs?

AmeriCorps\*VISTA  AmeriCorps\*NCCC  AmeriCorps \*State and National

Most Recent Program Name: \_\_\_\_\_

From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_  
MONTH/YEAR MONTH/YEAR

AmeriCorps Supervisor Name \_\_\_\_\_

AmeriCorps Supervisor Phone Number \_\_\_\_\_

AmeriCorps Supervisor Email \_\_\_\_\_

Did you successfully complete your term of service?  Yes  No

If no, why not? \_\_\_\_\_

Did you receive an education award?  Yes  No

If no, why not? \_\_\_\_\_

## SKILLS AND EXPERIENCE

19. In the space below or on a separate sheet of paper, provide any additional skills and experience that may be helpful in evaluating your application.

\_\_\_\_\_

## MOTIVATIONAL STATEMENT

20. We would like to understand more about you and your reasons for applying to KEYS Service Corps AmeriCorps. Take a few minutes and consider those experiences which have made you the person you are today. Please share with us one of these experiences and how it sparked your interest in working with youth and community service. If you need additional space, attach a separate piece of paper and limit your total response to 500 words.

\_\_\_\_\_



## CERTIFICATION

If you choose to submit a paper application, your application must be certified with your original signature in ink. If you are applying to more than one AmeriCorps program, make a copy for each program that you're applying to first, and then sign each one.

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.

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. 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 will not otherwise be disclosed to entities outside of AmeriCorps and the Corporation for National and Community Service without your prior written permission.

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SIGNATURE OF APPLICANT / DATE

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

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SIGNATURE OF PARENT/LEGAL GUARDIAN (if under 18 years of age)

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