

## Enrollment Checklist

**Note: Make a copy of all paperwork for your records before submitting.  
Please submit all enrollment paperwork as a complete package.**

Member name: \_\_\_\_\_ Institution: \_\_\_\_\_

Program: (please circle): 300    450    900            Grant Year: 08-09

### **Date of In-Person Orientation:** \_\_\_\_\_

**Note:** Official enrollment date begins no earlier than the day a member passes in a complete enrollment package and all enrollment paperwork is signed by the member, site supervisor, and SIS coordinator on or before the official enrollment date.

### **Required Paperwork**

- Online Pre-service Orientation Questionnaire (located online at [www.studentsinservice.org](http://www.studentsinservice.org); complete before attending an In-person orientation; once the orientation reflection questionnaire is completed, please bring printed copy to the In-Person Orientation)
- This checklist
- AmeriCorps Enrollment Form (Part 1 and 2) (member signature required)
- Site Agreement and Member Development Plan (member and site supervisor(s) signature required)
- Member Agreement Authorization and Certification (member signature required. Please thoroughly review the member agreement located at [www.studentsinservice.org](http://www.studentsinservice.org) before signing)
- Copy of Proper Identification (usual a birth certificate, passport, green card or alternate as detailed in the Member Agreement at [www.studentsinservice.org](http://www.studentsinservice.org). Please do not submit a copy of a social security card or drivers license.)
- Name check on National Sex Offender Registry (Completed by Students in Service)

**If you will have significant “recurring access” with vulnerable populations (ex. children, elderly, etc.) during your service or your site requires a criminal background check, you are required to submit the following:**

- Criminal Record Check Verification Form (site supervisor required to sign)

### **One to three weeks after being enrolled in the Students in Service Program:**

- Sign up for “My AmeriCorps” online account at: [http://www.americorps.gov/for\\_individuals/online/index.asp](http://www.americorps.gov/for_individuals/online/index.asp)



**Part 2****Member: Please Answer the Following Questions****1. Mark your gender.**

- Female  
 Male

**2. Mark your citizenship status.**

- U.S. Citizen  
 U.S. National  
 Lawful Permanent Resident Alien of the United States

**3. Are you registered to vote?**

- Yes  
 No  
 Not sure  
 Not eligible  
 Prefer not to respond

**4. (Optional) Which of the following categories best describes your racial or ethnic origins? (Mark one or more from A and one from B.)****A. Race**

- American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander  
 Black or African American  
 White  
 Asian

**B. Ethnicity**

- Hispanic origin  
 Not of Hispanic origin

**5. Which one of the following best describes your marital status?**

- Single, never married  
 Married, living with husband/wife  
 Married, not living with spouse/legally separated  
 Widowed  
 Divorced  
 Prefer not to respond

**6. What is the highest level of education you have completed?**

- Less than high school completed  
 GED  
 High school graduate  
 Technical school/apprenticeship  
 Some college  
 Associates degree (AA)  
 College graduate  
 Some graduate school  
 Graduate degree

I certify that:

- I have received a high school diploma or its equivalent; or  
 I agree to obtain a high school diploma or its equivalent and did not drop out of elementary or secondary school to enroll in the program; or  
 I am enrolled in an institution of higher education on an ability to benefit basis and am eligible for federal student financial assistance.

**(The Corporation may waive this requirement if an independent evaluation demonstrates that you are not capable of obtaining a high school diploma or its equivalent.)**

Member's Signature: \_\_\_\_\_

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

I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C.

**7. Do you have a disability?**

- Yes (Specify: \_\_\_\_\_)  
 No  
 Prefer not to respond

**8. Are you a veteran of the United States Armed Forces?**

- Yes  
 No

**9. What are the two most important reasons why you decided to join this program?**

- To get an education award  
 To help other people/perform a community service  
 To be part of a national movement  
 To get a job/earn money  
 Friends have joined  
 To make friends  
 To learn about or work with different ethnic/cultural groups  
 Parents/teachers wanted me to join  
 To explore future job/education interests  
 To get involved in health issues  
 To get involved in education issues  
 To get involved in environment issues  
 To get involved in public safety issues  
 Other (Specify: \_\_\_\_\_)

**10. How did you hear about this program? (Mark all that apply.)**

- Read about it in an article  
 Saw an advertisement in a newspaper/magazine  
 Guidance counselor/teacher  
 Parent/relative  
 Current or former AmeriCorps Member  
 Friend told me/friend applied  
 Heard about it on TV commercial  
 Heard about it on radio commercial  
 Heard about it on the Internet  
 Heard about it from an AmeriCorps recruiter/representative  
 Received information in the mail  
 AmeriCorps Program  
 Poster  
 Other (Specify: \_\_\_\_\_)

Privacy Act Statement - In compliance with the Privacy Act of 1974, the following information is provided. The collection of this information is authorized by the provisions of the National and Community Service Act, as amended by the National and Community Service Trust Act of 1993. The primary purpose of the information is to enroll individuals in the National Service Trust in order for them to receive and use an AmeriCorps education award. Additionally, for individuals who have indicated their desire to register with the Selective Service System, the information collected on page 1 will be provided to the Selective Service System for that purpose. Except as indicated above, no information will be disclosed outside the Corporation without written permission. The Internal Revenue Service has determined that the education award is taxable income in the year it is used. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109), for use as a tax payer identification number. Failure to disclose the SSN or any other information may result in a denial of your being enrolled in an AmeriCorps program or it may delay the processing of your education award.

# MEMBER AGREEMENT AUTHORIZATION AND CERTIFICATION

**NOTE: Before signing this authorization and certification, please make sure to review and understand the “Member Agreement” located at [www.studentsinservice.org](http://www.studentsinservice.org). If you have questions, please contact your SIS coordinator.**

## Authorization

Member Name: \_\_\_\_\_ Grant year: 08-09

The member is currently enrolled at College/University: \_\_\_\_\_

The member commits to the following Term of Service (circle one): 300 450 900

## Civil Rights Policy

The Corporation for National and Community Service (CNCS) is committed to treating all persons with dignity and respect, without regard to non-merit factors such as race, color, national origin, gender, sexual orientation, religion, age, disability, political affiliation, marital or parental status, or military service; and free of sexual, racial, national origin, religious or other harassment. Whether in CNCS offices or campuses, in other service-related settings such as training sessions or service sites, or at service-related social events, such harassment is unacceptable and will not be tolerated. (CNCS Civil Rights Policy, Paragraph 1)

For further information about the CNCS Civil Rights Policy, please review the Civil Rights Policy link on the Students in Service web site home page.

## Drug-Free Workplace Policy

In accordance with the Drug-Free Workplace Act of 1988, the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance (including alcohol) is prohibited in the member's workplace and program. Conviction of any criminal drug statute must be reported immediately to SIS staff. The member's participation in the Students in Service program is conditioned upon compliance with the notice requirements. Failure to adhere to this policy may result in disciplinary action, including termination.

## Certification

By signing below, the member hereby acknowledges by his/her signature that s/he has read, understands, and agrees to all terms and conditions of the Member Agreement including the Assumption of Risk and Release of Liability and has read and understands the above Civil Rights Policy and Drug-Free Workplace Policy. (If member is under 18 years of age, the members parent or parent must also sign.)

Also, by signing below, the member acknowledges that they participated in an in-person orientation about the *Students in Service* program with a campus SIS coordinator before beginning the *Students in Service* program.

AmeriCorps member: \_\_\_\_\_  
Signature Print name Date

Parent/Legal Guardian: \_\_\_\_\_  
Signature Print name Date

SIS Campus Coordinator/Official: \_\_\_\_\_  
Signature Date

## Publicity Information Release

I give Campus Compact and the Students in Service program permission to use my program information (e.g., “Great Stories”, innovative programs, name/photograph associated with program information, etc.) for publicity and/or marketing purposes. Initial if in agreement: \_\_\_\_\_.

**[Please read, sign, and make a copy for your file]**

# Site Agreement and Member Development Plan

Member Name: \_\_\_\_\_ Campus: \_\_\_\_\_ Program Hours (circle): 300 450 900

Service Site: \_\_\_\_\_ Site Address: \_\_\_\_\_

**Direct Service:** Describe your service to your community and the training that will be provided by your site (begin description with an action word (ex. Mentoring . . . , Planting . . . , etc). or attach a position description) Also, How does your service benefit your community?

**Member Development Plan:** Please provide 2 service-related and/or professional goals you will pursue during your term of service and describe how your member development goal can help your community now or in the future:

1 –

2 –

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Shaded area is for Site Supervisors to fill out)

**As the site supervisor for the above member during his/her AmeriCorps term of service, by signing below I agree to the following:**

- that I have accessed the Students in Service web page at <http://www.studentsinservice.org/supervisors.shtml> and understand its contents.
- to provide adequate training for member to perform direct service as detailed in their site agreement above.
- to provide or have appropriate liability insurance covering member while they serve at your site.
- to monitor the member's timely completion of required program paperwork including this site agreement and membership development/training plan, a criminal record check verification form (if needed), time logs, and evaluations.
- to sign the member's monthly time logs and to monitor member's compliance with AmeriCorps provisions regarding prohibited activities.

**Please check (required of site supervisor):**

**Yes** or  **No** Will member have significant "recurring access" with children 17 years or younger, persons 60 years or older, or individuals with disabilities? (**If yes**, please include a fully completed Criminal Record Check Verification Form [NOTE: AmeriCorps members cannot be charged for a Criminal Record Check per CNCS policy])

**Yes** My organization provides general liability coverage or similar insurance for volunteers (including AmeriCorps member) serving at our site? (Most education, government and registered non-profit organizations have some form of general liability coverage covering volunteers, please contact your business office if you have questions. General liability or similar coverage is "**required**" to have an SIS member serve at your site.)

**For Student Teachers Only:**

**Yes** As the member's Site Supervisor, I certify that the SIS member is doing their student teaching at a Title I funded institution and is serving students who benefit from the funding or students in Special Education, ESL/Bilingual Education, or Math & Science Education.

**(1) Site Supervisor:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Site Supervisor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(2) Back-up Supervisor (optional):** \_\_\_\_\_ **Title:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Back-up Supervisor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

NOTE: If member needs more room for member development goals or description of service, please use back of sheet or attach a separate sheet.

# Criminal Record Check Verification Form

The Corporation for National and Community Service (CNCS) has established the following provision:

“Programs with members (18 and over) or grant-funded employees who, on a recurring basis, have access to children (usually defined under state or local law as un-emancipated minors under the age of 18) or to individuals considered vulnerable by the program (i.e. the elderly or individuals who are either physically or mentally disabled), shall, to the extent permitted by state and local law, conduct criminal background checks on these members or employees as part of the overall screening process.

The grantee must ensure, to the extent permitted by state or local law, that it maintains background check documentation for members and employees covered by this provision in the member or employee’s file or other appropriate file. The documentation must demonstrate that, in selecting or placing an individual, the grantee or the grantee’s designee (such as a site sponsor) reviewed and considered the background check’s results.”

- 2007 AmeriCorps EAP Award Program Grant Provisions (Effective May 29, 2007), page 8 and 9

(Site Supervisor is required to fill out this form completely)

This form is to verify that \_\_\_\_\_ submitted and  
member name  
successfully completed a Criminal Record Check on \_\_\_\_\_ to  
date completed  
serve as an AmeriCorps member and a Students in Service (SIS) participant at the service  
site listed below. An SIS coordinator will be notified immediately of any criminal record  
information.

A physical copy of the Criminal Record Check is stored in the following area:

\_\_\_\_\_ and can be retrieved and reviewed at any time.

Site Supervisor signature: \_\_\_\_\_

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

Service/Volunteer Site: \_\_\_\_\_

**For help completing this request and for general information on criminal record checks, please consider accessing the following State/Highway Patrol and Department of Justice websites in your state:**

California – <http://caag.state.ca.us/fingerprints/security.htm>

Hawaii – <http://www.state.hi.us/hcjdc/>

Idaho – <http://www.isp.state.id.us/identification/index.html>

Oregon – [http://www.oregon.gov/OSP/ID/about\\_us.shtml](http://www.oregon.gov/OSP/ID/about_us.shtml)

Montana – <http://www.doj.state.mt.us/enforcement/backgroundchecks.asp>

Washington – <http://www.wsp.wa.gov/crime/crimhist.htm>

Alaska – <http://www.dps.state.ak.us/statewide/background/index.asp>