

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: 09-10

Date of In-Person Orientation: _____

Note: Official enrollment date begins no earlier than the day a member passes in a complete enrollment package (all enrollment paperwork must be signed by the member, site supervisor, and SIS coordinator on or before the official enrollment date) and a criminal record background check is completed and reviewed.

Required Paperwork

- This checklist
- AmeriCorps Enrollment Form (Part 1 and 2) (member signature required)
- Member Agreement Authorization and Certification (member signature required. Please thoroughly review the member agreement located at 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. Please do not submit a copy of a social security card or drivers license.)
- Online Pre-service Overview Questionnaire (located online at www.studentsinservice.org; complete before attending an In-person orientation; once the overview reflection questionnaire is completed, please bring printed copy to the In-Person Orientation)
- 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)

However, if your site does not require a criminal record check be done on you and you will not pass in a Criminal Record Check Verification Form (above) with your enrollment paperwork then you will need to pass in a Criminal Record Check Authorization Form with your enrollment paperwork (NOTE: A criminal record check could take as long as 72 hours to complete and review so a check may delay your official enrollment by up to 5 days):

- Criminal Record Check Authorization Form (member completes)

- Site Agreement and Member Development Plan (member and site supervisor(s) signature required)



AMERICORPS ENROLLMENT FORM



Completion of this form is required to enroll an AmeriCorps member in the National Service Trust, making the member eligible for an education award upon successful completion of his or her term of service. It also provides the Corporation for National and Community Service with basic demographic data.

DIRECTIONS TO MEMBER:
1. Use blue or black ink.
2. Print clearly.
3. Please complete and sign Part 1 and Part 2.
4. Return the completed form to your **Program Director**.

PART 1 Member: Please Complete and Sign

1. Name _____
Last First MI
2. Date of Birth _____ 3. Social Security Number _____
Month Day Year
4. Citizenship Status I am a U.S. Citizen or National * I am a Lawful Permanent Resident Alien of the United States **
*Citizens of the US include persons born in Puerto Rico, Guam, the US Virgin Islands, and the Northern Mariana Islands. Nationals of the US include persons born in America Samoa, including Swains Island.
**Generally, you are a Lawful Permanent Resident Alien of the US if you are a US permanent resident with (i) a Permanent Resident Card, INS Form I-551; (ii) an Alien Registration Receipt Card, INS Form I-551, (iii) a passport indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence; or (iv) an I-94 indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence. NOTE: A student visa does not confer eligibility to enroll in an AmeriCorps program.
5. High School Status: I have received a high school diploma or its equivalent
OR
 I agree to obtain a high school diploma or its equivalent before using my education award, and I did not drop out of elementary or secondary school to enroll in the program.
6. Males 18-26 years old not yet registered with the Selective Service System: If you would like the Corporation for National and Community Service to provide the information on this page to the Selective Service System so that the agency may register you, please check this box.
7. Current Address (All information will be sent to you at this address until you notify the Corporation of a change of address.)
Number and Street _____
City _____ State _____ Zip Code _____
Email Address _____
Home Phone _____ Business Phone _____ Ext _____
8. Permanent Address (Name and address of person through whom you can always be reached once you leave the program.)
Last _____ First _____ MI _____
Number and Street _____
City _____ State _____ Zip Code _____
Email Address _____
Home Phone _____ Business Phone _____ Ext _____
9. Have you ever previously enrolled in an AmeriCorps program? No Yes . If Yes, how many times: _____
10. Have you ever been released 'for cause' from a term of service by this or any other AmeriCorps program? No Yes .

By signing this enrollment form I agree, if asked, to provide information to verify the accuracy of my completed form. I understand that a knowing and willful false statement on this form can be punished by one or more of the following: a fine or imprisonment or both under Section 1001 of Title 18, U.S.C., exclusion from participation in federal programs, and forfeiture of benefits I may receive as a result of my enrollment or other actions authorized by the Civil Fraud Remedies Act.

Member's Signature _____ Date _____

PART 2

Member: Please Answer the Following Questions

1. What is your gender?

- Female
- Male

2. Are you registered to vote?

- Yes
- No
- Not sure
- Not eligible
- Prefer not to respond

3. (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
- Other

B. Ethnicity

- Hispanic origin
- Not of Hispanic origin

4. 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

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

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

6. Do you have a disability?

- Yes (Specify: _____)
- No
- Prefer not to respond

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

- Yes
- No

8. 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: _____)

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

- Article
- Advertisement in a newspaper/magazine
- Guidance counselor/teacher
- Parent/relative
- Current or former AmeriCorps Member
- Friend told me/friend applied
- TV commercial
- Radio commercial
- The internet
- AmeriCorps recruiter/representative
- Received information in the mail
- AmeriCorps program poster
- Other (Specify: _____)

10. Privacy Act Information Release

- Yes, I give the Corporation for National and Community Service permission to release my name, address, email and telephone number to the AmeriCorps alumni association.

Public reporting burden -- Estimated time to complete this form, including time for reviewing instructions and gathering and providing the information needed to complete the form, is 3 minutes for the Member section and 4 minutes for the Certifying Official section. Send comments regarding this burden or the content of this form to: Corporation for National and Community Service, National Service Trust, 1201 New York Avenue, NW, Washington, DC 20525. The Corporation informs the potential persons who are to respond to this collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number on this page of the form (see 5CFR 1320.5(b)(2)(1))

Privacy 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 obtain from AmeriCorps program representatives their data to successfully enroll a member in a term of service and the education award program. The evaluative information will help the Corporation improve its programming and services to members. Information may also be provided to federal, state, and local agencies for law enforcement purposes. Information will not otherwise be disclosed outside the Corporation without written permission. The Internal Revenue Service has determined that the education award is taxable in the year it is used. Your Social Security Number (SSN) is solicited under the authority of the Internal revenue Code (28 U.S.C. 6011© and 6109) for use as a taxpayer identification number. Failure to disclose the SSN or any other information may result in a denial of your receiving an education award or it may delay the processing of your education award. In furtherance of the Corporation's efforts to ensure that the programs are inclusive of persons with disabilities, your Social Security Number may be released to the Social Security Administration to measure aggregate statistical data on the number of AmeriCorps members receiving disability-based benefits. If you do not wish your personal information to be included in this research, mark "prefer not to respond" under question 6.

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. If you have questions, please contact your SIS coordinator.

Authorization

Member Name: _____ Grant year: 09-10

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]

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

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>

Criminal Record Check Authorization Form

NOTE: If your service site “does” require a background check because you will have reoccurring access to a vulnerable population, please have your Site Supervisor complete the Criminal Record Check Verification Form and do not complete this form.

In September of 2009, the Corporation for National & Community Service (CNCS) has issued a new regulation that all new AmeriCorps members enrolled on or after October 1, 2009 will need to have a criminal record check completed and reviewed by the Students in Service (SIS) program before a member can be officially enrolled.

Member Completes:

Full Legal Name: _____

Maiden Name: _____

Permanent Home Address: _____

City, State, Zip: _____

Social Security Number: _____ Date of Birth: _____

In connection with my service with AmeriCorps and participation in the SIS Program, I hereby authorize the SIS program to conduct a criminal background check on my behalf. I understand that this check will cover a search of law enforcement and court records and a check of the National Sex Offender Public Registry. Background checks will be done through Employment Screening Services, Inc. (ESS privacy policy can be found at www.essprivacy.com). I understand that my ability to serve as an SIS AmeriCorps Member is contingent upon the results of the background check. I understand that failure on my part to consent to the review will result in the cancellation of my enrollment in the SIS AmeriCorps Program. Results are confidential, but may be shared with the Site Supervisor if necessary. The member is entitled to receive and review the information obtained, upon written request. I certify that statements made by me on this form and in my enrollment paperwork are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein could void my eligibility to serve with the SIS Program.

Member Signature: _____ Date: _____



Campus Compact

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.