



**Getting Things Done**

## AmeriCorps - Santa Barbara County Application

Name (Last, First, Middle) \_\_\_\_\_

Current Address (street): \_\_\_\_\_

Current Address (city, state, zip): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work or Cell#: \_\_\_\_\_

Permanent Address (street): \_\_\_\_\_

Permanent Address (city, state, zip): \_\_\_\_\_

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

Gender: Male  Female  Birth Date: \_\_\_\_\_

*Optional:*

What is your ethnicity? Hispanic  Black or African American  American Indian   
Hawaiian or Pacific Islander  White  Asian  Other

SSN# (will need to provide signed copy if chosen): \_\_\_\_\_

Are you a U.S. Citizen? Yes  No

If no, what is your Lawful Permanent Resident Registration Number? \_\_\_\_\_

Note: All AmeriCorps Participants will need to provide documentation of U.S. Citizenship or Lawful Permanent Legal Residency.

Name and phone number of local friend: \_\_\_\_\_

Check if you are applying for: Full-Time (1700 hours)  Part-Time (900 hours)  Either

*Education:*

School Name: \_\_\_\_\_ Location: \_\_\_\_\_

Dates Attending: \_\_\_\_\_ Major: \_\_\_\_\_ Degree: \_\_\_\_\_

School Name: \_\_\_\_\_ Location: \_\_\_\_\_

Dates Attending: \_\_\_\_\_ Major: \_\_\_\_\_ Degree: \_\_\_\_\_

School Name: \_\_\_\_\_ Location: \_\_\_\_\_

Dates Attending: \_\_\_\_\_ Major: \_\_\_\_\_ Degree: \_\_\_\_\_

*Community Service:*

Organization Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Dates: \_\_\_\_\_

*Have you previously been enrolled in an AmeriCorps Program?* Yes  No

*Employment – Briefly list your last three jobs (with most recent first):*

Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

*References:* Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

***Please answer the following on a separate sheet of paper; typed is preferred.***

1. Describe your qualifications for this position and your strengths/weaknesses in the following areas that are all essential to a successful term of service:
  - Self-motivation (i.e. show initiative, suggest solutions, respond to student needs, recruit volunteers, assist with emergency preparedness)
  - Willingness and ability to follow direction (i.e. from a number of “supervisors” of different ages and backgrounds, in accordance with school requirements and teacher instruction, in completing timely mandatory state and federal paperwork)
  - Enthusiastic team player (i.e. positive attitude, energetic personality, desire to be part of a diverse school community and countywide team of diverse AmeriCorps members)
2. Describe your experience working with young people.
3. Why do you want to offer a year of service as an AmeriCorps member?
4. Write a short description of a significant volunteer or community service experience and include why the experience was meaningful to you and how it helped you grow as a person.
5. The AmeriCorps position requires tremendous commitment and offers minimal financial compensation. How will you afford housing and living expenses on the modest living stipend?
6. Please explain any employment lasting less than 6 months or any gaps in employment more than 3 months.

*Are you fluent in any other languages besides English?* Yes  No

If yes, what language(s): \_\_\_\_\_

Are you aware of any pending situation that might prevent you from performing any of the position duties or completing the AmeriCorps commitment (i.e. travel, health, family responsibilities, etc.)? \_\_\_\_\_

List all geographic areas where you would be willing to serve (in order of preference with 1 being first choice, 2 being second choice, etc.): Carpinteria \_\_\_\_\_ Santa Barbara \_\_\_\_\_ Goleta \_\_\_\_\_  
Santa Ynez Valley \_\_\_\_\_ Guadalupe \_\_\_\_\_ Santa Maria \_\_\_\_\_

What age groups are you most interested in assisting? \_\_\_\_\_

Have you ever been trained as a reading tutor or academic tutor? Yes  No

If yes, briefly describe training: \_\_\_\_\_

Have you ever been trained as a volunteer recruiter or manager? Yes  No

If yes, briefly describe training: \_\_\_\_\_

Have you ever been trained in emergency preparedness or survival skills? Yes  No

If yes, briefly describe training: \_\_\_\_\_

Are you currently CPR or First Aid Certified? \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

How did you hear about AmeriCorps Santa Barbara? \_\_\_\_\_

### **LEGAL**

Answer the following questions fully. Existence of criminal conviction/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.

Have you ever been:

- Convicted of any criminal offense by a civilian court or by military authorities?  Yes  No
- Adjudicated or held responsible as a juvenile offender of any criminal offense by a civilian court or by authorities.  Yes  No

Are you now:

- Under charges for any offenses or are any civil suits or judgments pending against you?  Yes  No
- 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: \_\_\_\_\_  
Month/Day/Year City State

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

Court, Probation, or Parole Officer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Name Area Code

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

***You may attach any additional information or explanation on a separate sheet.***

## CERTIFICATION

*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. I understand that misinformation or omission of information could result in disqualification and/or termination as an AmeriCorps member. Fingerprinting will be required to serve as a member.*

***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 Service without your prior written permission.*

**Your application must be certified with your original signature in ink.**

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Signature

Date

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For Parent or Guardian of Applicants Under 18 years of Age: ***I have reviewed this application and I authorize my son/ daughter/ legal ward to apply to AmeriCorps.***

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Signature

Date

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

Relation: \_\_\_\_\_

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

Address (street): \_\_\_\_\_

Address (city, State, Zip) \_\_\_\_\_

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***\*Please submit two ORIGINAL AmeriCorps SB Reference forms with your ORIGINAL application to:***

AmeriCorps Program  
Santa Barbara County Education Office  
P.O. Box 6307  
Santa Barbara, CA 93160-6307  
Attn: Tom Spadoro/Allison Wyeth

Accommodations for people with disabilities: If you are in need of special services or facilities due to a disability in order to apply or interview for this position, please call the Center for Community Education (805) 964-4710, ext. 4405.