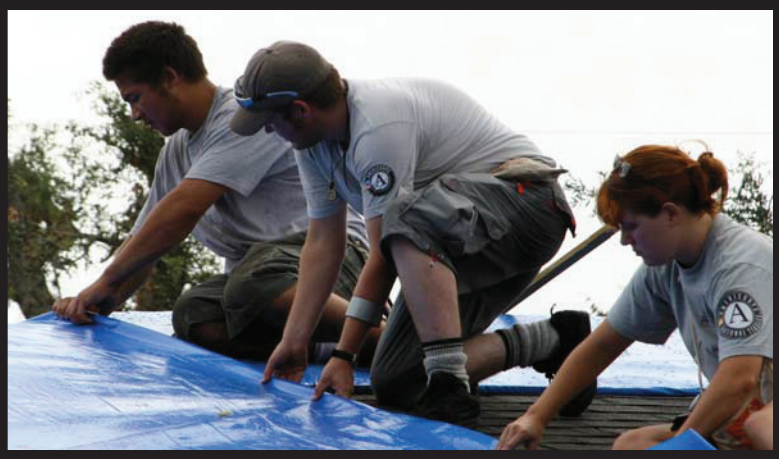
AMERICORPS MEMBER APPLICATION

Your World. Your Chance To Make It Better.



APPLY TODAY!

AmeriCorps.gov

Thousands of Opportunities Await.

Apply Today!

To learn more about AmeriCorps and each of the programs, visit **AmeriCorps.gov.** Or call the AmeriCorps hotline at 1-800-942-2677 (TTY 1-800-833-3722).

Print out and use this application OR go to the My AmeriCorps Portal and apply online ***https://my.americorps.gov***

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE APPLICATION

- This application may be used to apply for AmeriCorps State, National, NCCC and VISTA programs. However, if you are applying to an AmeriCorps State or AmeriCorps National program, you should first check with the program to see if it requires additional or alternate forms. To determine specific application requirements, visit the AmeriCorps website at **AmeriCorps.gov** or call 1-800-942-2677.

- If you're applying to more than one AmeriCorps program, complete the entire application except for question 11 and the final "Certification" Section. Make one copy of the application for each program. Then, answer question 11 and sign each copy separately before mailing.

- You may use additional sheets of paper to provide more detailed information that will not fit on this application form. Enclose everything in the final application packet that you submit.

- Two reference forms are enclosed in this packet. They are an important part of your application and must be submitted with your application. Your application cannot be considered without references. If you are applying to multiple programs and using the same person as a reference, please remind them to make multiple copies after completing the reference form.

- Make a copy of your application for your personal records before you send it in.

- Send your application to the right place. Please refer to the back cover for instructions.

- This publication is available upon request in alternative formats for people with disabilities. Call 1-800-942-2677; TTY: 1-800-833-3722.

Public reporting burden for this collection of information is estimated to average 1.25 hours per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the form. Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, 1201 New York Avenue, NW, Washington, DC 20525. The Corporation informs people who may respond to this collection of information that they are not required to respond to the collection of information unless the OMB control number and expiration date displayed on page 1 are current and valid. (See 5 C.F.R. 1320.5(b)(2)(i).)

OMB# 3045-0054 Expires 04/30/2012

AMERICORPS APPLICATION

PERSONAL PROFILE

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. FINAL FOUR NUMBERS OF SOCIAL SECURITY NUMBER:_____
   You will provide your full social security number later in the process.

4. DATE OF BIRTH: _____
   MONTH/DAY/YEAR

5. PLACE OF BIRTH: _____
   CITY/STATE/COUNTRY

6. GENDER: ☐ Male ☐ Female

7. Earliest date you are available to begin service: _____
   MONTH/DAY/YEAR

8. **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 _____

9. Are you moving within the next six months? ☐ Yes ☐ No If yes, when*? _____
   *Please notify us of new address at time of move. MONTH/DAY/YEAR

10. **EMERGENCY CONTACT/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 _____

11. Which AmeriCorps program are you applying to? Check only one. If you are applying to more than one AmeriCorps program, fill this in after you copy your application. Enter the program information on each application.

☐ **AmeriCorps NCCC (National Civilian Community Corps)**
Members ages 18 to 24 serve in a 10-month team-based residential program to complete a variety of service projects in the areas of education, disaster services, the environment, and other unmet needs. Members often travel to projects throughout their region.

☐ Fall Class (September/October start dates) ☐ Winter Class (January start dates)

☐ **AmeriCorps VISTA (Volunteers in Service to America)**
Members who are at least 18 years old provide indirect service through private organizations and public nonprofit agencies, addressing issues related to poverty—such as financial security, homelssness and helping, disadvantaged youth, community development, and employment—by developing and mobilizing resources that create long-term sustainable benefits at a community level.

Program Name _____

Program Address _____

☐ **AmeriCorps State and National**
Members who are over the age of 17 serve either in teams or individually through national and community-based private and public organizations. Members help solve community problems through direct and indirect service in the areas of education, public safety, the environment, and other human needs, such as health and housing.

Program Name _____

Program Address _____

EDUCATION

12. 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
☐ High school diploma or GED
☐ Technical school/Apprenticeship
☐ Associate's degree
☐ Some college
☐ Bachelor's degree
☐ Graduate degree
☐ Other (please specify): _____

13. 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.**			
A.						
B.						
C.						
D.						

COMMUNITY SERVICE (Previous service is not always a requirement.)

14. Describe how you have reached out to help others and/or how you have been involved in your own community. Explain why you decided to serve or get involved, and what you received in return-that is, what you learned or how it made you feel. Think in broad terms. List your most recent activity first. Attach a separate sheet of paper if you need more space. (Your involvement could include serving in neighborhood, school, religious, social, professional, or other volunteer groups; helping out with community service projects; or participating in less formal activities.)

_____

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A. DATES OF INVOLVEMENT: From: _____ To: _____ Hours per mo.: _____
MONTH/YEAR MONTH/YEAR

Organization Name: _____ Location: _____ Phone: _____

Description of Involvement: _____

_____

_____

B. DATES OF INVOLVEMENT: From: _____ To: _____ Hours per mo.: _____
MONTH/YEAR MONTH/YEAR

Organization Name: _____ Location: _____ Phone: _____

Description of Involvement: _____

_____

_____

MOTIVATIONAL STATEMENT

15. We would like to understand more about you and your reasons for applying to 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 community service. If you need additional space, attach a separate piece of paper and limit your total response to 500 words.

_____

_____

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_____

_____

EMPLOYMENT

16. 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. 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: _____ _____ Supervisor: Phone and email _____	From: _____/_____ MO./YR. To: _____/_____ MO./YR. Hrs./week: _____	Title: _____ Duties: _____ _____ Reason for leaving: _____ _____
B. Organization, City/State: _____ _____ Supervisor: Phone and email _____	From: _____/_____ MO./YR. To: _____/_____ MO./YR. Hrs./week: _____	Title: _____ Duties: _____ _____ Reason for leaving: _____ _____

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

17. Explain any period of time greater than six months not accounted for by AmeriCorps, Peace Corps, work, school, or military service. Or, explain why you have no employment history. _____
_____
_____

SKILLS AND EXPERIENCE

18. Listed below are skill areas that some programs find useful and may seek in AmeriCorps applicants. Indicate the skill areas in which you have had training or experience, including volunteer or community service experience, and indicate how you gained those skills.

EXAMPLE: ☑ Public Speaking – Club President

- ☐ Architectural Planning _____
- ☐ Business/Entrepreneur _____
- ☐ Communications _____
- ☐ Community Org./Development _____
- ☐ Computers/Technology _____
- ☐ Conflict Resolution _____
- ☐ Counseling _____
- ☐ Education _____
- ☐ Fine Arts/Crafts _____
- ☐ First Aid _____
- ☐ Fundraising/Grant Writing _____
- ☐ Law _____
- ☐ Leadership _____
- ☐ Medicine _____
- ☐ Public Health _____
- ☐ Public Speaking _____
- ☐ Recruitment _____
- ☐ Teaching/Tutoring _____
- ☐ Trade/Construction _____
- ☐ Writing/Editing _____
- ☐ Youth Development _____
- ☐ Other (specify): _____

19. Do you know or have you studied any language(s) other than English? ☐ Yes ☐ No
Language(s): _____ Number of years studied or spoken: _____

Speaking Ability: ☐ Poor ☐ Fair ☐ Good ☐ Excellent
Writing Ability: ☐ Poor ☐ Fair ☐ Good ☐ Excellent

20. 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, including other languages spoken.

_____

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21. Do you have a valid driver's license? ☐ Yes ☐ No License # _____State_____
(This is a requirement for some AmeriCorps programs, but not all.)

CRIMINAL HISTORY

The AmeriCorps application process requires a criminal history check to ensure that community members with whom we work are protected, particularly children, individuals with disabilities, and individuals over 60 years old.

We will investigate for past sexual offenses and violent crimes, or crimes that would have a direct bearing on your service.

This background check will entail our search of the National Sex Offenders Registry and an FBI criminal history check, which will require your being fingerprinted at Pre-Service Orientation.

You will not be permitted to serve or work with children, individuals with disabilities, or individuals over 60 years of age, without supervision until the history check is complete and you are cleared. The review process is not lengthy, and normally is completed within weeks.

Answer the following questions fully. 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. Do not include minor traffic violations.

☐ I allow the AmeriCorps program to complete an NSOPR check and criminal background check

22. **Have you ever been convicted as an adult, or adjudicated as a juvenile offender, of any criminal offense by either a civilian or military court, other than minor traffic violations?** ☐ Yes ☐ No

    Are you currently facing charges for any offense or 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: _____

    Address: _____
    NUMBER AND STREET

    _____
    CITY STATE ZIP CODE

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

AMERICORPS APPLICATION

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.

_____

SIGNATURE DATE

Print Name: _____

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.

_____

SIGNATURE DATE

NAME: _____

RELATION: _____ PHONE: (_____)_____

ADDRESS:_____

(IF P.O. BOX, ALSO GIVE NUMBER AND STREET) CITY STATE ZIP CODE

Corporation for National and Community Service programs are available to all without regard to race, color, national origin, disability, age, gender, sexual orientation, religion, political affiliation, or other non-merit factors. Anyone believing he or she has been subjected to discrimination on these grounds by the Corporation for National and Community Service, AmeriCorps, or one of its grantees may contact our Office of Civil Rights and Inclusiveness at (202) 606-7503 or email at **eo@cns.gov.**

REFERENCE FORM

TO THE APPLICANT:

Please complete the information below and give this form to each of your references. Select people who know you well and who are familiar with your personal background, education, employment, and/or professional skills. You should not ask a family member, peer, classmate, co-worker, or friend to serve as a reference. Consider asking work supervisors, clergy, teachers, counselors, coaches, or someone else familiar with your motivation and community involvement.

Your reference should complete this form, seal it in an envelope, sign his or her name across the seal on the outside of the envelope, and return it to you to include with the application you send to AmeriCorps.

Applicant's Name: _____
LAST FIRST MIDDLE

Address: _____
(IF P.O. BOX, ALSO GIVE NUMBER AND STREET) CITY STATE ZIP CODE

Home Phone: (_____)_____ Work Phone: (_____)_____

INDICATE THE PROGRAM THAT YOU ARE APPLYING TO (check only one):

☐ AmeriCorps NCCC
☐ AmeriCorps VISTA
Program name: _____

Program address: _____

☐ AmeriCorps State and National:
Program name: _____

Program address: _____

TO THE PERSONAL REFERENCE:

AmeriCorps engages more than 70,000 Americans a year in results-driven service sponsored by thousands of local and national nonprofits, public agencies, and faith-based and community organizations. AmeriCorps members help communities meet critical challenges in the areas of education, public safety, the environment, and other human needs. In return, AmeriCorps members may earn a Segal AmeriCorps Education Award that helps pay for college or pay back student loans.

The person named above is applying to be an AmeriCorps member. The applicant has indicated that you would be able to evaluate his or her qualifications and provide us with a candid recommendation.

The success of AmeriCorps largely depends upon an appropriate match between programs and members. Considerable value is placed on personal references during the application review and selection process. Your input is greatly appreciated.

Name of Reference: _____
LAST FIRST MIDDLE

Position/Title: _____

Organization/Institution: _____

Address: _____
(IF P.O. BOX, ALSO GIVE NUMBER AND STREET) CITY STATE ZIP CODE

Home Phone: (____)_____ Work Phone (____)_____ E-mail: _____

KNOWLEDGE OF THE APPLICANT

How long have you known the applicant? Years:_____ Months: _____

In what capacity have you known the applicant?

☐ Job Supervisor/Employer ☐ High School Teacher ☐ Clergy

☐ Volunteer Supervisor ☐ College Instructor ☐ Coach

☐ Other (specify): _____

Please describe the situation in which you know the applicant.

_____

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WORK PERFORMANCE

1. Please comment on such qualities as the applicant's level of dependability, initiative, and ability to work with minimal supervision and as a member of a team.

_____

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2. In your judgment, how competent is this applicant, as demonstrated by work in the community, in school, on the job, or in a position of responsibility? Please check one.

☐ Outstanding performance
☐ Above average performance
☐ Satisfactory
☐ Below average performance
☐ Unsatisfactory performance

RELATIONSHIPS WITH OTHER PEOPLE

3. AmeriCorps members must serve and communicate with people of varied cultural, economic, educational, racial, and religious backgrounds. Please comment briefly on the applicant's relationships with others and ability to work as a member of a team.

_____

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EMOTIONAL MATURITY

4. Please comment on the applicant's ability to adapt and work under difficult and changing conditions.

_____

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_____

ADDITIONAL COMMENTS AND SUPPORTING INFORMATION

5. If you wish, use additional paper to explain any of your ratings, and anything else about this applicant that you feel is relevant to serving in AmeriCorps-such as the applicant's desire to serve others, maturity, work ethic, flexibility, and dependability. Explain any reservations that you have regarding the applicant's participation in the AmeriCorps program to which he or she has applied.

OVERALL RECOMMENDATION

6. What is your overall recommendation?

   ☐ I recommend the applicant for AmeriCorps service.

   ☐ I have some reservations, but I believe the applicant will succeed in serving with AmeriCorps.

   ☐ I do not recommend this applicant for AmeriCorps service.

CONFIDENTIALITY STATEMENT

☐ I AUTHORIZE the program and/or the Corporation for National and Community Service to identify me as the source of this reference and to release a copy of this reference in its entirety upon request to the applicant.

☐ I DO NOT authorize the program and/or the Corporation for National and Community Service to identify me as the source of this reference, nor do I authorize the release of a copy of this reference in its entirety to the applicant.

Your Signature: _____

PLEASE RETURN THIS FORM, IN AN ENVELOPE SIGNED ACROSS THE SEAL, DIRECTLY TO THE APPLICANT.

REFERENCE FORM

TO THE APPLICANT:

Please complete the information below and give this form to each of your references. Select people who know you well and who are familiar with your personal background, education, employment, and/or professional skills. You should not ask a family member, peer, classmate, co-worker, or friend to serve as a reference. Consider asking work supervisors, clergy, teachers, counselors, coaches, or someone else familiar with your motivation and community involvement.

Your reference should complete this form, seal it in an envelope, sign his or her name across the seal on the outside of the envelope, and return it to you to include with the application you send to AmeriCorps.

Applicant's Name: _____
LAST FIRST MIDDLE

Address: _____
(IF P.O. BOX, ALSO GIVE NUMBER AND STREET) CITY STATE ZIP CODE

Home Phone: (_____)_____ Work Phone: (_____)_____

INDICATE THE PROGRAM THAT YOU ARE APPLYING TO (check only one):

☐ AmeriCorps NCCC
☐ AmeriCorps VISTA
Program name: _____

Program address: _____

☐ AmeriCorps State and National:
Program name: _____

Program address: _____

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Name of Reference: _____
LAST FIRST MIDDLE

Position/Title: _____

Organization/Institution: _____

Address: _____
(IF P.O. BOX, ALSO GIVE NUMBER AND STREET) CITY STATE ZIP CODE

Home Phone: (____)_____ Work Phone (____)_____ E-mail: _____

KNOWLEDGE OF THE APPLICANT

How long have you known the applicant? Years:_____ Months: _____

In what capacity have you known the applicant?

☐ Job Supervisor/Employer ☐ High School Teacher ☐ Clergy

☐ Volunteer Supervisor ☐ College Instructor ☐ Coach

☐ Other (specify): _____

Please describe the situation in which you know the applicant.

_____

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WORK PERFORMANCE

1. Please comment on such qualities as the applicant's level of dependability, initiative, and ability to work with minimal supervision and as a member of a team.

_____

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2. In your judgment, how competent is this applicant, as demonstrated by work in the community, in school, on the job, or in a position of responsibility? Please check one.

☐ Outstanding performance
☐ Above average performance
☐ Satisfactory
☐ Below average performance
☐ Unsatisfactory performance

RELATIONSHIPS WITH OTHER PEOPLE

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EMOTIONAL MATURITY

4. Please comment on the applicant's ability to adapt and work under difficult and changing conditions.

_____

_____

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_____

ADDITIONAL COMMENTS AND SUPPORTING INFORMATION

5. If you wish, use additional paper to explain any of your ratings, and anything else about this applicant that you feel is relevant to serving in AmeriCorps-such as the applicant's desire to serve others, maturity, work ethic, flexibility, and dependability. Explain any reservations that you have regarding the applicant's participation in the AmeriCorps program to which he or she has applied.

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☐ I DO NOT authorize the program and/or the Corporation for National and Community Service to identify me as the source of this reference, nor do I authorize the release of a copy of this reference in its entirety to the applicant.

Your Signature: _____

PLEASE RETURN THIS FORM, IN AN ENVELOPE SIGNED ACROSS THE SEAL, DIRECTLY TO THE APPLICANT.

OPTIONAL INFORMATION

HOW DID YOU HEAR ABOUT AMERICORPS? You may check more than one.

- ☐ AmeriCorps representative
  (Service/career fair, conference, information session)
- ☐ Armed Forces
- ☐ Current or former AmeriCorps member
- ☐ Friend/Relative
- ☐ Internet/Listserv/E-mail
- ☐ Newspaper/Magazine advertisement
- ☐ Other service organization
- ☐ Radio story
- ☐ Television advertisement
- ☐ Poster at school
- ☐ College guidance office/Placement office
- ☐ Department of Education
- ☐ High school guidance counselor
- ☐ Newspaper/Magazine article
- ☐ Peace Corps
- ☐ Radio advertisement
- ☐ Received information in the mail
- ☐ Television news story
- ☐ Other (specify) _____

WHAT IS YOUR ETHNICITY? (optional) ☐ Hispanic or Latino ☐ Not Hispanic or Latino

WHAT IS YOUR RACE? (optional) Mark one or more:

- ☐ **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- ☐ **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Black or African American.** A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

WHERE TO SEND YOUR APPLICATION

Please send your application directly to the AmeriCorps program where you wish to serve. To get the address for the AmeriCorps program where you wish to serve, or to apply online, visit the AmeriCorps website at **AmeriCorps.gov.** If you don't have Internet access, you can still get program information or apply by calling 1-800-942-2677.

Print out and use this application OR go to the My AmeriCorps Portal and apply online
https://my.americorps.gov

If you are applying to AmeriCorps NCCC, send your application to:

AmeriCorps NCCC
1201 New York Avenue, N.W.
Washington, DC 20525

QUESTIONS? CALL 1-800-942-2677
OR (TTY) 1-800-833-3722

Your World. Your Chance To Make It Better.

AmeriCorps.gov