



# 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.

For Official Use Only

Member Social Security Number \_\_\_\_\_

**DIRECTIONS TO CERTIFYING OFFICIAL:**

- 1. Use blue or black ink.
- 2. Please complete and sign Part 3.
- 3. Print clearly.
- 4. If you are using WBRS or eSPAN, please provide the form to whoever enters data into that database for your program.

**PART 3**

**Certifying Official: Please Complete and Sign**

This section must be signed by an authorized certifying official. The program must designate certifying officials.

**1. Type of Enrollment** (Mark only one.)

- Full-time (1700 hours per year or 365 days for VISTA)
- Half-time (900 hours in up to 2 years)
- Reduced half-time 675 hours
- Quarter time 450 hours
- Minimum time/Summer 300 hours

**2. Is the member enrolling in an AmeriCorps education award only position (i.e. received no Corporation-funded living allowance or benefits)?**

- Yes
- No

**3. Will the member receive a living allowance?**

- Yes
- No

**4. Date of Enrollment:** \_\_\_\_\_

mm/dd/yyyy

**5. Type of Program**

- AmeriCorps National Direct
- AmeriCorps State
- AmeriCorps Tribe
- AmeriCorps Territory
- AmeriCorps National Civilian Community Corps
- AmeriCorps Education Award Program
- AmeriCorps Promise Fellows
- AmeriCorps America Reads
- AmeriCorps Governor's Initiative
- Other (Specify): \_\_\_\_\_

**6. Program Information**

Name of Program or AmeriCorps NCCC Campus \_\_\_\_\_

Operating Site I.D. Number \_\_\_\_\_

Number and Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Ext \_\_\_\_\_

Signature of Certifying Official \_\_\_\_\_ Date \_\_\_\_\_

Name of Certifying Official (Please Print): \_\_\_\_\_

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.