



# Partnerships for Student Achievement

## AMERICORPS MEMBER APPLICATION

This program is available to all without regard to race, color, national origin, disability, age, sex, political affiliation or religion. Qualified individuals with disabilities and those from diverse backgrounds are strongly encouraged to apply. We provide reasonable accommodation for qualified individuals and conduct all activities in fully accessible settings.

This application is required IN ADDITION TO the online AmeriCorps application. Please complete, save, and email it to Jeri Lerwick with the subject heading *AmeriCorps Member Application*.  
jlerwick@fgsd.k12.or.us

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Education and Training

**High School:** \_\_\_\_\_ **Year Graduated:** \_\_\_\_\_

**College:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Degree(s) Obtained:** \_\_\_\_\_ **Year Graduated:** \_\_\_\_\_

**College:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Degree(s) Obtained:** \_\_\_\_\_ **Year Graduated:** \_\_\_\_\_

**Vocational School:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Course of Study:** \_\_\_\_\_ **Year Graduated:** \_\_\_\_\_

**Professional Degrees, Certificates, Licenses:** \_\_\_\_\_

**Military Service:** \_\_\_\_\_ **Dates:** \_\_\_\_\_ **Discharge:** \_\_\_\_\_

**Computer Skills:** \_\_\_\_\_

**Other Relevant Skills/Experience:** \_\_\_\_\_

### Volunteer Experience (non AmeriCorps)

**Organization:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Date(s):** \_\_\_\_\_

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

**Organization:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Date(s):** \_\_\_\_\_

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

**Organization:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Date(s):** \_\_\_\_\_

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

### Work Experience (non AmeriCorps)

**Present or Last Employer:** \_\_\_\_\_ **F/T**  **or** **P/T**

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Dates Employed:** \_\_\_\_\_

**Specific Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

May we contact this employer? **Yes**  **No**  **Supervisor's Name:** \_\_\_\_\_

**Past Employer:** \_\_\_\_\_ **F/T**  **or** **P/T**

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Dates Employed:** \_\_\_\_\_

**Specific Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

May we contact this employer? **Yes**  **No**  **Supervisor's Name:** \_\_\_\_\_

**Past Employer:** \_\_\_\_\_ **F/T**  **or** **P/T**

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Dates Employed:** \_\_\_\_\_

**Specific Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

May we contact this employer? **Yes**  **No**  **Supervisor's Name:** \_\_\_\_\_

### AmeriCorps Experience

Check ONE:  AmeriCorps State/National  VISTA  NCCC  Learn & Serve  Senior Corps

Organization: \_\_\_\_\_ F/T  or P/T

Position: \_\_\_\_\_ Dates Served: \_\_\_\_\_

Focus Area: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Did you successfully complete your term of service? Yes  No

Check ONE:  AmeriCorps State/National  VISTA  NCCC  Learn & Serve  Senior Corps

Organization: \_\_\_\_\_ F/T  or P/T

Position: \_\_\_\_\_ Dates Served: \_\_\_\_\_

Focus Area: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Did you successfully complete your term of service? Yes  No

### The following questions assist program staff in assessing training and development needs and appropriate placement choices for members.

Are you bilingual? Yes  No  What languages do you speak? \_\_\_\_\_

What experience do you have working with English language learners?

What experience do you have working with learners with special needs?

What experience do you have organizing and implementing service projects?

**What experience or knowledge do you have recruiting, coordinating, and training volunteers?**

**This program serves youth from kindergarten through grade 12. What grade level (or age group) of students do you prefer to work with? Why?**

**Please describe your experience tutoring or mentoring youth.**

**What is your comfort level tutoring math and reading/literacy?**

**Why are you interested in this program?**

### Physical Information

Some placements have specific physical requirements. If the placement position that you are applying for has specific physical requirements, our personnel staff will ask you about your ability to perform specific tasks. Such questions must be related to your potential performance in the position for which you are applying.

### Criminal Convictions

Persons convicted of certain crimes may not hold some placements in our organization. Our personnel staff will ask you if you have been convicted of a crime that would disqualify you for the particular placement position that you are interested in. The existence of a criminal record, per se, is not an automatic bar to placement within our organization. Our personnel staff may not ask you if you have ever been arrested or held for a crime for which you were not convicted.

### Criminal History Record Check/Fingerprint Notification

I understand that criminal history checks and fingerprinting are required by law and Board policy. Employment shall be offered prior to fingerprint collection. Upon notification by the Superintendent of Public Instruction or designee or State Board of Education that an individual has been convicted or has made false statement as to conviction of any crime prohibiting employment or contract status with the district, the superintendent shall terminate that employment or contract immediately.

I understand that an individual so terminated may appeal action taken by the district as a result of such checks in accordance with procedures established by law or by the Oregon Department of Education Regulations.

Should I refuse to consent to criminal history records checks or refuse to be fingerprinted, I shall be terminated from program placement.

I understand that all new AmeriCorps applicants will be fingerprinted and are subject to State and National criminal background checks in addition to a National Sex Offender Public Registry search.

### Certification

I hereby declare that the facts set forth on this application are true and complete to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application or any other documents submitted during the course of my application to the program shall be considered sufficient cause for immediate dismissal.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



Partnerships for Student Achievement  
1728 Main Street  
Forest Grove, OR 97116  
(503) 359-8110 Ext. 4537