



- Receive a living stipend
- Educational award for members who complete the year of service

- Develop team and leadership skills
- Gain extensive training & professional development while building your resume!

NOW RECRUITING!

The AmeriCorps Program is currently seeking motivated individuals to **Serve Gila River Veterans** and the **Environment** in FULL or PART time service opportunities.



Applications are available at
 Gila River AmeriCorps Office
 291 W. Casa Blanca Rd.
 Sacaton, AZ

For more information contact:
 Gila River AmeriCorps
 (520) 562-6221





AmeriCorps Application



Date available to start: ____/____/____

Are you interested in: Full Time(40 hrs) Part Time(25 hrs)

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: _____ Place of Birth: _____
Month/Day/Year City/State/Country

Gender: Male Female Last 4 of Social: _____

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?

Registration #: _____ Expiration Date: ____/____/____

Do you have a valid Driver's License: Yes No License#: _____ State: _____

How did you hear about AmeriCorps: _____

If possible, include a number and street address when using P.O.

Current Address: _____ City: _____ State: _____ Zip: _____

Are you moving within the next 6 months? Yes No If yes, when: ____/____/____
Please notify us of new address at time of move.

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Email: _____

Are you a GRIC enrolled member: Yes No Tribal ID#: _____

If not, please list Tribal Affiliation: _____

If GRIC member, what District do you live in?

- District 1 District 2 District 3 District 4
- District 5 District 6 District 7 Off-Reservation

If chosen for AmeriCorps, what District would you prefer to serve in?

- District 1 District 2 District 3 District 4
- District 5 District 6 District 7 Off-Reservation

COMMUNITY SERVICE

Describe how you have reached out to help other 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.)

Organization Name: _____ **Location:** _____ **Phone:** (____) _____

Dates of Involvement (Mo/Yr): From: ____/____ To: ____/____ **Hours per Month:** _____

Description of Involvement:

EDUCATION

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 Associate's Degree Graduate Degree
 High School Diploma or GED Some College Bachelor's Degree
 Technical School/Apprenticeship Other (please specify): _____

List all schools after high school that you have attended, including trade or technical schools, military training and employment training programs.

School Name (list most recent)	Location (city/st)	Dates Attended (M / D / Y)	Major/ Area of Study	Type of Degree/ Certificate	Date Received or Expected

Other training, certifications, or licenses held:

EMPLOYMENT

Beginning with the most current or most recent position, list and briefly describe the last two 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.)

Employer: _____ **Position/Title:** _____

Date Employed: From ____/____/____ To ____/____/____ Hrs/Wk: _____

Location: _____ Phone: (____) _____

Supervisor: _____ Email: _____

Reason for Leaving:

Employer: _____ **Position/Title:** _____

Date Employed: From ____/____/____ To ____/____/____ Hrs/Wk: _____

Location: _____ Phone: (____) _____

Supervisor: _____ Email: _____

Reason for Leaving:

SKILLS AND EXPERIENCE

Listed below are skill areas that some program 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.

- | | | |
|--|--|---|
| <input type="checkbox"/> Architectural Planning: | <input type="checkbox"/> Fine Arts/Crafts | <input type="checkbox"/> Recruitment |
| <input type="checkbox"/> Business/Entrepreneur | <input type="checkbox"/> First Aid | <input type="checkbox"/> Teaching/Tutoring |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Fundraising/Grant Writing | <input type="checkbox"/> Trade/Construction |
| <input type="checkbox"/> Community Org/Development | <input type="checkbox"/> Law | <input type="checkbox"/> Writing/Editing |
| <input type="checkbox"/> Computers/Technology | <input type="checkbox"/> Leadership | <input type="checkbox"/> Youth Development |
| <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Medicine | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Public Health | |
| <input type="checkbox"/> Education | <input type="checkbox"/> Public Speaking | |

Do you know or have you studied any language(s) other than English? Yes No

Language	Poor	Fair	Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CRIMINAL HISTORY

The AmeriCorps application process requires a criminal history check to ensure that community members with whom we work with 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 year 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

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: _____

Type of Officer: Court Probation Parole Phone: (_____) _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

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

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 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 AmeriCorp member. If I am selected for participation in some AmeriCorps programs, 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. 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: _____

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.

Contact Information
Leonard Bruce – AmeriCorps Coordinator
Leonard.Bruce@gric.nsn.us
Gila River Employment & Training (AmeriCorps)
Fax – (520) 562-3590 Phone – (520) 562-3387/88