



**AMERICORPS**

**APPLICATION**

**YOUR  
WORLD.  
YOUR CHANCE  
TO MAKE IT  
BETTER.**



**APPLY  
TODAY!**



# Thousands of Opportunities Await. *Apply Today!*

To learn more about AmeriCorps and each of the programs, visit [www.americorps.org](http://www.americorps.org). Or call the AmeriCorps hotline at 1-800-942-2677 (TTY 1-800-833-3722).

## PLEASE READ THIS INFORMATION BEFORE COMPLETING THE APPLICATION

- Use this application for most AmeriCorps programs you're applying to; however, if you're applying to one of the 1,000+ AmeriCorps\*State and National programs, you should check with them first to see if they require any additional or alternative forms. Call the AmeriCorps hotline at 1-800-942-2677.
- Make a copy of your application for your personal records before you send it in.
- If you're applying to more than one AmeriCorps program, complete the entire application except for question 7 and the final section, "Certification." Make one copy of the application for each program. Then, answer question 7 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 your application cannot be considered without them. Completed references must be submitted with your application. They should not be sent separately. Select people who you know 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.
- 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.
- Send your application to the right place. See the back cover for address information.
- This publication is available upon request in alternative formats for people with disabilities. Email [altformats@cns.gov](mailto:altformats@cns.gov) or (202) 565-2799.

Public reporting burden for this collection of information is estimated to average 45 minutes 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, AmeriCorps Recruitment, 8th Floor, Attn: Kim Mansaray, 1201 New York Avenue, N.W., Washington, D.C. 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).)

# PERSONAL PROFILE

1. NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

2. 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. SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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 ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

9. Are you moving within the next six months?  Yes  No If yes, when\*? \_\_\_\_\_  
MONTH/DAY/YEAR

*\*Please notify us of new address at time of move.*

10. **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 ( ) \_\_\_\_\_ 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 for each program.

**AmeriCorps\*NCCC—National Civilian Community Corps**

Members ages 18 to 24 serve in a team-based residential program to complete a variety of service projects in the areas of education, public safety, disaster relief, the environment, and other community needs. Members often travel to projects throughout their region.

Fall Class (September/October start dates)     Winter Class (January start dates)     Other Start Dates

**AmeriCorps\*VISTA—Volunteers in Service to America**

Members serve through private organizations and public nonprofit agencies, addressing issues related to poverty—such as public health, education, the environment, public safety, 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 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                       Associate’s degree                       Graduate degree  
 High school diploma or GED                       Some college                       Other (please specify):  
 Technical school/Apprenticeship                       Bachelor’s degree                      \_\_\_\_\_

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.)*

Describe how you have reached out to help others and/or how you have been involved in your own community. Elaborate on 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. Attach a separate sheet of paper if you need more space.

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14. How have you been involved in your community? *If you served in an organization, include the organization name, location, dates, and phone number. List your most recent activity first. Attach a separate sheet of paper if you need more space.*

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

Organization Name: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Involvement: \_\_\_\_\_

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

Organization Name: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Involvement: \_\_\_\_\_

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15. Have you previously served in AmeriCorps?  Yes  No

Program Name: Check all that apply:

AmeriCorps\*VISTA  AmeriCorps\*NCCC  AmeriCorps\*State and National

Program Location: \_\_\_\_\_; From: \_\_\_\_\_ To: \_\_\_\_\_  
CITY STATE MONTH/YEAR MONTH/YEAR

Did you complete your term of service?  Yes  No

If no, why not? \_\_\_\_\_

# EMPLOYMENT

16. List and briefly describe the last four positions you have held. 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 only if it addresses the information requested below.)

NAME AND ADDRESS OF EMPLOYER	DATES	JOB TITLE AND DUTIES
<p>A. Organization, City/State:</p> <p>_____</p> <p>_____</p> <p>Supervisor: Phone and e-mail</p> <p>_____</p>	<p>From: _____ / _____</p> <p style="text-align: center;">MO./YR.</p> <p>To: _____ / _____</p> <p style="text-align: center;">MO./YR.</p> <p>Hrs/week: _____</p>	<p>Title: _____</p> <p>Duties: _____</p> <p>_____</p> <p>Reason for leaving: _____</p> <p>_____</p>
<p>B. Organization, City/State:</p> <p>_____</p> <p>_____</p> <p>Supervisor: Phone and e-mail</p> <p>_____</p>	<p>From: _____ / _____</p> <p style="text-align: center;">MO./YR.</p> <p>To: _____ / _____</p> <p style="text-align: center;">MO./YR.</p> <p>Hrs/week: _____</p>	<p>Title: _____</p> <p>Duties: _____</p> <p>_____</p> <p>Reason for leaving: _____</p> <p>_____</p>
<p>C. Organization, City/State:</p> <p>_____</p> <p>_____</p> <p>Supervisor: Phone and e-mail</p> <p>_____</p>	<p>From: _____ / _____</p> <p style="text-align: center;">MO./YR.</p> <p>To: _____ / _____</p> <p style="text-align: center;">MO./YR.</p> <p>Hrs/week: _____</p>	<p>Title: _____</p> <p>Duties: _____</p> <p>_____</p> <p>Reason for leaving: _____</p> <p>_____</p>
<p>D. Organization, City/State:</p> <p>_____</p> <p>_____</p> <p>Supervisor: Phone and e-mail</p> <p>_____</p>	<p>From: _____ / _____</p> <p style="text-align: center;">MO./YR.</p> <p>To: _____ / _____</p> <p style="text-align: center;">MO./YR.</p> <p>Hrs/week: _____</p>	<p>Title: _____</p> <p>Duties: _____</p> <p>_____</p> <p>Reason for leaving: _____</p> <p>_____</p>

17. Explain any period of time greater than six months not accounted for by work, school, or military service. \_\_\_\_\_

\_\_\_\_\_







Court, Probation, or Parole Officer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
NAME

Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

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

## CERTIFICATION

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.

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*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. I also understand that my selection for participation in some AmeriCorps programs, including AmeriCorps\*NCCC, will require a physical examination, including drug and 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.*

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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: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE



The 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 Equal Opportunity Office at (202) 606-5000, extension 312, or email at [eo@cns.gov](mailto:eo@cns.gov)

## REFERENCE FORM

### TO THE APPLICANT:

Please fill out the lines below and give this form to each of your references. 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: \_\_\_\_\_

One of the other 1,000+ programs in the AmeriCorps network (be specific):

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

Program Address: \_\_\_\_\_

### TO THE PERSONAL REFERENCE:

AmeriCorps engages more than 50,000 citizens a year in results-driven service sponsored by hundreds of local and national nonprofit organizations. In return, AmeriCorps members earn education awards that help pay for college or pay back student loans. AmeriCorps members help communities meet critical challenges in the areas of education, public safety, the environment, and other human needs.

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: \_\_\_\_\_



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 are required to understand other people’s viewpoints and problems and to communicate with people from differing backgrounds. Please comment briefly on the applicant’s relationships with others.

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4. AmeriCorps members must serve with other participants and with people of varied cultural, economic, education, racial, and religious backgrounds. How would you rate the applicant’s working relationships with other people? *Please check one.*

- |  |   |
|--|---|
| <input type="checkbox"/> Works well with others; can lead or follow as the occasion demands. | <input type="checkbox"/> Usually works well with others; can lead or follow in most situations. |
| <input type="checkbox"/> Has average working relationships with others.                      | <input type="checkbox"/> Has difficulty working with others.                                    |
| <input type="checkbox"/> Does not work well with others.                                     |   |

**EMOTIONAL MATURITY**

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

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6. AmeriCorps members often serve in conditions of hardship and inconvenience. They must be able to deal with new and changing living conditions, limited financial resources, and considerable amounts of stress. With these considerations in mind, how would you rate the applicant?  
*Please check one.*

- Highly effective even in adverse situations and changing conditions.
- Able to adapt to adverse situations and changing conditions.
- About average in adapting to adverse situations and changing conditions.
- May not be able to stand up well in adverse situations and changing conditions.
- Completely unable to handle adverse situations or adapt to changing conditions.

#### **ADDITIONAL COMMENTS AND SUPPORTING INFORMATION**

7. 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**

8. What is your overall recommendation?

- I recommend the applicant without reservation as an excellent candidate for AmeriCorps service.
- I recommend the applicant as a good candidate for AmeriCorps service.
- I have some reservations, but I believe the applicant has a reasonable chance of success.
- I have some substantial doubts about the applicant.
- 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:

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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: \_\_\_\_\_

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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                       Clergy
- Volunteer Supervisor                               Coach
- High School Teacher                               College Instructor
- 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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- |  |   |
|--|---|
| <input type="checkbox"/> Works well with others; can lead or follow as the occasion demands. | <input type="checkbox"/> Usually works well with others; can lead or follow in most situations. |
| <input type="checkbox"/> Has average working relationships with others.                      | <input type="checkbox"/> Has difficulty working with others.                                    |
| <input type="checkbox"/> Does not work well with others.                                     |   |

**EMOTIONAL MATURITY**

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

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*Please check one.*

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- May not be able to stand up well in adverse situations and changing conditions.
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8. What is your overall recommendation?

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- I recommend the applicant as a good candidate for AmeriCorps service.
- I have some reservations, but I believe the applicant has a reasonable chance of success.
- I have some substantial doubts about the applicant.
- 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.**

## OPTIONAL INFORMATION

This information will be used for statistical purposes and will not be used in the evaluation of your application. It will in no way affect your selection into AmeriCorps. Completion of this section is voluntary; failure to respond will in no way affect your candidacy.

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

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

**WHAT IS YOUR ETHNICITY?**  Hispanic or Latino  Not Hispanic or Latino

**WHAT IS YOUR RACE?** *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

If you are applying to AmeriCorps\*NCCC, send it to:  
AmeriCorps\*NCCC  
1201 New York Avenue, N.W.  
Washington, DC 20525

For all other AmeriCorps programs check out [www.americorps.org](http://www.americorps.org) and find out how to apply on-line directly to any AmeriCorps program, or how to get the address for your hard-copy application.

If you don't have access to the Internet, you can still apply on-line, or get program addresses by calling 1-800-942-2677.

**YOUR  
WORLD.**

**YOUR CHANCE  
TO MAKE IT  
BETTER.**

**If you are applying to specific AmeriCorps programs**, send your application directly to that organization. To find a program that interests you, check the opportunities listed on the AmeriCorps website at [www.americorps.org/joining/direct](http://www.americorps.org/joining/direct). It is a good idea to call a specific program before you apply in order to ensure that applications are being accepted.

QUESTIONS? CALL 1-800-942-2677 OR VISIT...

[WWW.AMERICORPS.ORG](http://WWW.AMERICORPS.ORG)