



Santa Barbara County Education Office
3970 La Colina Road, P.O. Box 6307, Santa Barbara, California 93160-6307
(805) 964-4710 ext. 4405 • FAX: (805) 682-9016
Service and Leadership • www.americorpsutors.org



Getting Things Done

AmeriCorps - Santa Barbara County Application 2011-2012

Name (Last, First, Middle) _____

Current Address (street): _____

Current Address (city, state, zip): _____

Home Phone #: _____ Work or Cell#: _____

Permanent Address (street): _____

Permanent Address (city, state, zip): _____

Email Address: _____

Gender: Male Female Birth Date: _____

Optional:

What is your ethnicity? Hispanic Black or African American American Indian
Hawaiian or Pacific Islander White Asian Other

SSN# (will need to provide signed copy if chosen): _____

Are you a U.S. Citizen? Yes No

If no, what is your Lawful Permanent Resident Registration Number? _____

Note: All AmeriCorps Participants will need to provide documentation of U.S. Citizenship or Lawful Permanent Legal Residency.

Name and phone number of local friend: _____

Check if you are applying for: Full-Time (minimum of 1700 hour term of service – 40+ hours/week)
and/or Part-Time (minimum of 900 hour term of service – 25+ hours/week)

Education (most recent first):

School Name: _____ Location: _____

Dates Attending: _____ Major: _____ Degree: _____

School Name: _____ Location: _____

Dates Attending: _____ Major: _____ Degree: _____

School Name: _____ Location: _____

Dates Attending: _____ Major: _____ Degree: _____

Community Service:

Organization Name: _____ Dates: _____

Organization Name: _____ Dates: _____

Organization Name: _____ Dates: _____

Have you previously been enrolled in an AmeriCorps Program? Yes No

Employment – Briefly list your last three jobs (with most recent first):

Employer: _____ Position Title: _____

Supervisor Name: _____ Phone: _____

Duties: _____ Dates: _____

Employer: _____ Position Title: _____

Supervisor Name: _____ Phone: _____

Duties: _____ Dates: _____

Employer: _____ Position Title: _____

Supervisor Name: _____ Phone: _____

Duties: _____ Dates: _____

References: Name: _____ Phone: _____

Name: _____ Phone: _____

Feel free to include a resume and reference letters with the submission of your completed application.

Are you fluent in any other languages besides English? Yes No

If yes, what language(s): _____

Are you aware of any pending situation that might prevent you from performing any of the position duties or completing the AmeriCorps commitment (i.e. travel, health, family responsibilities, etc.)? _____

List all geographic areas where you would be willing to serve (in order of preference with 1 being first choice, 2 being second choice, etc.): Carpinteria _____ Santa Barbara _____ Goleta _____
Santa Ynez Valley _____ Lompoc _____ Santa Maria _____

What age groups are you most interested in tutoring? _____

Have you ever been trained as a reading tutor or academic tutor? Yes No

If yes, briefly describe training: _____

Have you ever been trained as a volunteer recruiter or manager? Yes No

If yes, briefly describe training: _____

Have you ever been trained to facilitate community-building activities? Yes No

If yes, briefly describe training: _____

Are you currently CPR or First Aid Certified? _____

What are your hobbies? _____

How did you hear about AmeriCorps Santa Barbara? _____

LEGAL

Answer the following questions fully. Existence of criminal conviction/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.

Have you ever been:

- Convicted of any criminal offense by a civilian court or by military authorities? Yes No
- Adjudicated or held responsible as a juvenile offender of any criminal offense by a civilian court or by authorities. Yes No

Are you now:

- Under charges for any offenses or are any civil suits or judgments pending against you? Yes No
- On probation or parole? Yes No

If NO to all questions, 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 Area Code

Address: _____
Street Address City State Zip Code

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

Please provide complete answers to the following questions.

1. Why do you want to offer a year of service as an AmeriCorps member?

2. Describe your experience working with school aged children, especially any experience as a tutor or in a school setting.

3. Describe a significant volunteer or community service experience and include why the experience was meaningful to you and how it helped you grow as a person.

CERTIFICATION

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. Fingerprinting will be required to serve as a member.

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 Service without your prior written permission.

Signature _____

Date _____

For Parent or Guardian of Applicants 17 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 (street): _____

Address (city, State, Zip) _____

****Please mail this application and the 2 required AmeriCorps SB Reference forms with ORIGINAL signatures to:***

AmeriCorps Program
Santa Barbara County Education Office
P.O. Box 6307
Santa Barbara, CA 93160-6307
Attn: Tom Spadoro

Accommodations for people with disabilities: If you are in need of special services or facilities due to a disability in order to apply or interview for this position, please call the SBCEO AmeriCorps office at (805) 964-4710, ext. 4405 or email Tom at applecorps@sbceo.org.