



For office use only: Date received: _____
Program Year: _____

## 2017-2018 Member Application

### Application Instructions

Please print or type and return this application as soon as possible, accompanied by a resume, personal statement and three professional references to the following: AmeriCorps Victim Assistance Program, PO Box 353, Concord, NH 03302-0353.

This application asks you to describe skills and experiences you would offer to the AmeriCorps Victim Assistance Program, as well as the reasons you would like to be selected. Please consider each section carefully. Highlight your role in service and volunteer activities, membership in community organizations, academic experiences, and personal skills. The selection process for the AmeriCorps Victim Assistance Program is both extensive and competitive. We are looking for highly committed, motivated, and diverse AmeriCorps members.

*All positions with the AmeriCorps Victim Assistance Program are contingent upon the availability and receipt of federal funding from The Corporation for National and Community Service.*

All statements contained in this application become the property of the AmeriCorps Victim Assistance Program and part of the AmeriCorps Victim Assistance Program Member file.

This application is also available for download at [www.nhcadsv.org/avap.cfm](http://www.nhcadsv.org/avap.cfm)

### I. Applicant Profile

1. Name (First, MI, Last) \_\_\_\_\_

2. Are you a US Citizen, National, or Lawful Permanent Resident Alien? \_\_\_\_\_  
 If you received your lawful permanent resident alien card after January 1987, please indicate the registration number and the card's expiration date:

\_\_\_\_\_

3. Current Address: *(All information will be sent to this address unless you notify us of a change)*  
 \_\_\_\_\_  
 \_\_\_\_\_

Current Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Current E-mail Address: \_\_\_\_\_

4. Permanent Address: *(Please provide an address where you can always be reached, such as the home of a parent, guardian, etc.)*  
 \_\_\_\_\_

5. Permanent Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_



6. **Education**

All AmeriCorps members must have or must be currently working towards their high school equivalency. I state that I:

Have obtained a high school diploma  Have obtained a GED

Did not complete high school\*

\*I am currently working towards my high school diploma or GED with an expected completion date of: \_\_\_\_\_

**Educational Background**

Please check all that apply:

Some college  Some Graduate study  
 Associates' degree  Graduate Degree  
 Bachelor's degree  Other: \_\_\_\_\_

7. **Availability**

Are you available to serve:

Full-time 1700 Hours (Apr. 37 ½ hours per week)  Yes  No  
Half-time 900 Hours  Yes  No

8. **Transportation**

Valid Drivers License  Yes  No  
Reliable Transportation  Yes  No  
Automobile Insurance  Yes  No

If no, please explain.

(There are a few sites available that do not require the member to have a license.)

**II. Legal Information**

Existence of a criminal conviction/adjudication **may not** disqualify you from consideration. However, misrepresentation of that record - lying or not telling the whole truth - will disqualify you. Please answer the following questions fully.

1. Have you ever been found true or convicted of a criminal offense which has not been annulled (*definition: to do away with*)?  
\_\_\_ Yes \_\_\_ No

2. Are you now on probation or parole?  
\_\_\_ Yes \_\_\_ No

If so, please attach on a separate page the name, address and telephone number of the court, probation officer, or parole officer who we can contact to verify the above information.

### III. General Information

Please indicate how you learned about the AmeriCorps Victim Assistance Program (AVAP). Please check all that apply and please **be specific**. For example, if you check Newspaper, include the name on the corresponding line (Union Leader, Concord Monitor etc).

\_\_\_\_\_ Newspaper \_\_\_\_\_  
\_\_\_\_\_ Friend/Relative \_\_\_\_\_  
\_\_\_\_\_ Placement Office \_\_\_\_\_  
\_\_\_\_\_ Guidance Office \_\_\_\_\_  
\_\_\_\_\_ Current/Former AmeriCorps Member \_\_\_\_\_  
\_\_\_\_\_ AmeriCorps Materials/AmeriCorps website \_\_\_\_\_  
\_\_\_\_\_ AVAP website \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

### IV. Optional Information:

Are you able to speak a foreign language? What language? \_\_\_\_\_

Are you able to read and/or write in a foreign language? \_\_\_\_\_

### V. Personal Statement

**On a separate page** please include a personal statement for joining AmeriCorps, addressing the following questions:

- *Why do you want to join AmeriCorps and, more specifically, be a member of the AmeriCorps Victim Assistance Program (AVAP)?*
- *What skills do you possess that make you an exceptional candidate for a position with AVAP?*
- *What experiences and community service have you participated in to help shape who you are today?*

### VI. References

**On a separate page**, please list the contact information for **three professional references\*** (professors, supervisors, guidance counselors, etc.) who can speak to your character, experience and ability and include the following information about each of them:

- name • address • telephone number • email address•
- each individual's relation to you • the length of time that she/he has known you

**\*These references should not be family members or friends.**

## VII. Certification

*Your application must be certified with your original signature in ink. Please read the statement below carefully before signing. Unsigned applications and/or applications with photocopied signatures will not be considered for admission.*

I certify, to the best of my knowledge, that all of the statements made in this application are true, correct, and complete and are made in good faith. I understand that misinformation or omission of information could result in disqualification and/or release as an AmeriCorps member, regardless of the time of discovery by AVAP. I also understand that the information provided herein will be used to process my application for acceptance into the AmeriCorps Victim Assistance Program and may be shared with host sites, the New Hampshire Coalition Against Domestic and Sexual Violence, Volunteer NH!, and/or the Corporation for National and Community Service, and it will not be disclosed outside of these entities without prior written permission.

Furthermore, I authorize the AmeriCorps Victim Assistance Program to verify the information included on this application and in my resume and specifically waive my rights to confidentiality concerning a criminal record check, reference check and employment verification. I release the AmeriCorps Victim Assistance Program and all others, including but not limited to the New Hampshire Coalition Against Domestic and Sexual Violence and its member programs, from liability in connection with the same.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This program is available to all, without regard to race, color, national origin, disability, age, sex, political affiliation, or, in most instances, religion.**

**As a reminder, applications will not be considered unless all of the following items are enclosed:**

- Resume
- Personal Statement
- Contact Information for 3 Professional References
- Completed and Signed Application

*Thank you for taking the time to complete an application for the AmeriCorps Victim Assistance Program.*