



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

## 2022-2023 Member Application

### Application Instructions

Please return this application, accompanied by a resume, personal statement, copy of driver's license, and the contact information for three professional references to the AmeriCorps Victim Assistance Program, PO Box 353, Concord, NH 03302-0353 or e-mail to emily@nhcadsv.org

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 and 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 extensive and competitive. We seek 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 <https://www.nhcadsv.org/avap.html>

### I. Applicant Profile

1. Name (First, MI, Last) \_\_\_\_\_  
 Are you 18 years or older? Y \_\_\_\_\_ N \_\_\_\_\_

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: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

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

4. Permanent Address: *(Please provide an address where you can always be reached, if different from current address)*  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Education

All AmeriCorps members must have or 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: \_\_\_\_\_

6. Availability

I am looking to serve:

Full-time 1700 Hours (37 ½ hours per week)

Half-time 900 Hours (~ 20 hours per week)

Open to either of the above

7. Transportation

Valid Driver's License  Yes  No

Reliable Transportation  Yes  No

Automobile Insurance  Yes  No

If no, please explain

(There are a few sites that do not require the member to have their own transportation)

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 that can be contacted 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 then specify the exact source (ex: twitter, facebook)

\_\_\_\_\_ Social Media \_\_\_\_\_  
\_\_\_\_\_ Friend/Relative \_\_\_\_\_  
\_\_\_\_\_ Career & Internship Fair \_\_\_\_\_  
\_\_\_\_\_ Guidance/Career Counselor \_\_\_\_\_  
\_\_\_\_\_ Current/Former AmeriCorps Member \_\_\_\_\_  
\_\_\_\_\_ 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

***To accommodate for the remote nature that COVID-19 has presented, electronic signatures will be accepted as a form of authorized certification. We will continue to accept signatures in ink should this be more accessible. Please read the statement below carefully before signing. Unsigned applications 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
- A Copy of Current Driver's License
- Contact Information for 3 Professional or academic References.
- Completed and Signed Application

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