

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.

*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 (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 the submission of the information is entirely voluntary, but the requested information is required 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 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.

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.

Signature	Date
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Name: _____

Relationship: _____ Phone: _____ E-mail: _____

Address: _____