



Keystone SMILES AmeriCorps Application 2009-2010

An AmeriCorps Experience

Application Requirements

Criminal Record, Child Abuse and FBI Clearances are considered a part of the application process and specific requirements will depend on host site placement. Please complete the attached Child Abuse Clearance Form and FBI registration form and submit to Keystone SMILES along with the eligibility form, this application and reference forms. Keystone SMILES will submit and pay for these clearances if selected as a member. If you have current clearances (criminal, child abuse, and/or FBI), you may send a copy only if you received these clearances for the purpose of applying for this AmeriCorps position. In addition, by signing the certification page of this application, applicants agree to allow Keystone SMILES to conduct an online criminal record check and a National Sex Offender Registry Check.

Please indicate in the Personal Profile of this application whether you prefer a half-time or full-time term of service. Send your application in as soon as possible to ensure consideration for the available positions. Please send all materials to:

Keystone SMILES

Box 352

Knox, PA 16232

www.smilesamericorps.org

Please Check one or more host site (s) you are applying for: (If selecting more than one site/program, please rank the host sites in order of preference 1 being your first choice)

Community Based - On Site (Keystone SMILES, Knox, PA) *Please select one or more program you would be interested in service with: (If selecting more than one site/program, please rank the host sites in order of preference 1 being your first choice)*

- Keystone SMILES Alternative Education Program
- Keystone SMILES Community Service Learning Program

- Keystone SMILES Pre-K Program

Community Based – Off Site: *Please select one or more program you would be interested in service with: (If selecting more than one site/program, please rank the host sites in order of preference 1 being your first choice)*

- Oil City Salvation Army, Oil City, PA
- Sharpsville Gardens Learning Center, Sharpsville, PA
- Children's Aid Society of Mercer County, Mercer, PA

- Boys and Girls Club Along the Allegheny, Emlenton, PA
- Venango Training and Development Center, Seneca, PA

School Based AmeriCorps Program *Please select one or more school districts you would be interested in service with: (If selecting more than one site/program, please rank the host sites in order of preference 1 being your first choice)*

- AC Valley School District, Foxburg, PA
- Conneaut School District, Linesville, PA
- Dubois Area School District, DuBois, PA
- General McLane School District, Edinboro, PA
- Jamestown Area School District, Jamestown, PA
- Laurel School District., New Castle, PA
- Punxsutawney School District, Punxsutawney, PA
- Shaler Area School District., Pittsburgh, PA
- Union Area School District, New Castle, PA

- Commodore Perry School District, Hadley, PA
- Cray Youth and Family Services, Inc., New Castle, PA
- Erie School District, Erie, PA
- Grove City Area School District, Grove City, PA
- Keystone School District, Knox, PA
- North Clarion School District, Tionesta, PA
- Reynolds School District, Reynolds, PA
- Sharpsville School District, Reynolds, PA
- West Middlesex Area School District, West Middlesex, PA

If not listed please specify Other _____

PERSONAL PROFILE

Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell: (optional) _____

Email Address: _____

(Once accepted into the AmeriCorps Program, members will be assigned a Keystone SMILES Email Address in which they must use for all SMILES AmeriCorps Communication.)

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? _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DATE OF BIRTH: _____ 5. PLACE OF BIRTH: _____
month / day / year city / state / country

GENDER: Male Female

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* STATE/Summer Term of Service (Quarter Time Ed Award)**
- AmeriCorps* STATE/ Full Year Quarter Time (Quarter Time Ed Award)**
- AmeriCorps* STATE/ Full Year Quarter Time (Quarter Time Ed Award) – Youth Corps**
- AmeriCorps* STATE/Full Term of Service (Full Time Ed Award)**
- AmeriCorps* STATE/Full Term of Service (Part Time Ed Award)**
- AmeriCorps Work-study** (All applicants must be pre-approved work-study students)

Earliest date you are available to begin service: _____
Month / day / year

Keystone SMILES Community Learning Center serves as a hub for AmeriCorps, a National Service program that engages people of all ages and backgrounds in a domestic Peace Corps. The center is a non-profit organization established in 1995. Keystone SMILES is based out of Knox, Pennsylvania. Keystone SMILES is governed by a seven-member board of directors, who together with staff members provide community service and personal development opportunities for people of all ages.

Keystone SMILES is dedicated to strengthening communities and sharing resources to provide people of all ages an opportunity to put “learning into action” through service experiences. It represents making a difference while promoting the values of community, responsibility, and opportunity.

Programs and services offered through the Keystone SMILES Community Learning Center include:

- Tutoring program
- School Readiness & Success Activities
- Literacy Support/Youth Programs
- Community Events/Special Projects



EDUCATION

Check that box next to the highest level of education that you will have completed by the time you are planning to serve in AmeriCorps.

- Some high school
- High school Diploma or GED
- Technical school/Apprenticeship
- Associate's Degree
- Some College
- Bachelor's Degree
- Graduates Degree
- Other (Please Specify)

List all schools after high school that you have attended, including trade or technical schools, military training, and employment training programs.

Name of School	Location of School (City/State)	Dates Attended		Major or Area of Study	Type of Degree or Certificate	Date Received or Expected
		From	To			

EMPLOYMENT

List and briefly describe the last several employment positions you held.

Name and Address of Employer	Dates of Employment	Duties and Reason for Leaving

COMMUNITY SERVICE

In the space below, describe how you have reached out to help others and/or how you have been involved in your own community. Your involvement could include serving in neighborhood, school, youth, religious, social, or volunteer groups; helping out with community service projects; or participating in less formal activities such as assisting an elderly neighbor.

How have you been involved in your community? *If you served in an organization, include the organization name, location, dates, and phone number.*

DATES OF INVOLVEMENT: From: _____ To: _____ Hours per Month: _____
Month/yr Month/yr

Organization Name: _____ Location: _____

Phone: (_____) _____
Area code

Description of Involvement: _____

Have you previously served in AmeriCorps? No Yes

If yes, Program Name: _____

(Check all that apply)

AmeriCorps State/ National Direct

AmeriCorps NCCC

AmeriCorps* VISTA – Volunteers in Service to America

Location: _____; from _____ to _____
City State Month / year Month / Year

Did you complete your term of service? Yes No If no, why? _____

MOTIVATIONAL STATEMENT

Why do you want to join AmeriCorps? What could you contribute to AmeriCorps? What do you hope to gain from serving as an AmeriCorps member? If you need additional room, please attach a separate piece of paper and limit your response to 500 words.

INTERESTS

Listed below are some areas that may interest you. Please check all that you have done or may be of interest to you to do in the future. On the line, please state if you would like to do it in the future or how you have participated in it in the past.

- Computers _____
- Communications _____
- Education _____
- Fine Arts, Crafts _____
- Public Health _____
- Teaching / Tutoring _____
- Trade Skills _____
- Other (specify): _____

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 you answered no to all the above questions, skip to "Certification" on next page.

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, Parole Officer: _____ Phone: _____

Address: _____
Name 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.

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 STATE / Keystone SMILES Youth Corps, may require background and security checks 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 top federal, state, and local law enforcement agencies to determine the existence of any prior criminal programs, 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

Criminal Record and Child Abuse Clearance Registry Check Authorization – I authorize Keystone SMILES’ personnel to perform a Criminal Background Check, submit my child abuse application and a conduct a search through the National Sex Offender Registry Check in order to verify I am not registered or have a criminal record and am eligible to serve as an AmeriCorps member. Anyone registered with the NSOPR will be ineligible to serve as an AmeriCorps member.

Signature

Date

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

Name: _____

Relation: _____ Phone: (_____) _____

Address: _____
Street Address City State Zip Code

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: _____

Address: _____ Phone: _____

TO THE PERSONAL REFERENCE:



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Programs and services offered through the Keystone SMILES Community Learning Center include:

- Tutoring programs
- School Readiness & Success Activities
- Literacy Support
- Community Events/Special Projects



AmeriCorps engages more than 40,000 citizens in a year of full-time, results-driven service sponsored by hundreds of local and national non-profits. 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 PO Box, also give street address) City State Zip Code

Home Phone: (_____) Work Phone: (_____)

In your judgment, how competent is this applicant, as demonstrated by work in the community, in school, during activities, or in a position of responsibility? Please check one.

- Outstanding performance
- Above average performance
- Satisfactory
- Below average performance
- Non-satisfactory performance

RELATIONSHIPS WITH OTHER PEOPLE

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.

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

- Works well with others; can lead or follow as the occasion demands.
- Usually works well with others; can lead or follow in most situations.
- Has an average working relationship with others.
- Had difficulty working with others.
- Does not work well with others.

EMOTIONAL MATURITY

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

**** Keystone SMILES would like to take this opportunity to THANK YOU for taking time to fill out this reference. Your completed reference can either be sent by the applicant in his/or application in a sealed envelope with your signature over the seal or sent directly to the following address. Keystone SMILES P.O. Box 352; Knox, PA 16232. If you have any questions please call 1-814-797-2127.**

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PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION I ONLY. PRINT CLEARLY IN INK. ENCLOSE \$10.00 MONEY ORDER ONLY. PAYABLE TO DEPARTMENT OF PUBLIC WELFARE. DO NOT SEND CASH OR PERSONAL CHECK.

SEND TO CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

SECTION I APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANTS FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME

STREET

CITY, STATE
ZIP CODE

SOCIAL SECURITY NUMBER		
AGE	DATE OF BIRTH	DAYTIME PHONE NO.
SEX <input type="checkbox"/> M <input type="checkbox"/> F		COUNTY YOU LIVE IN

PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

(FIRST, MIDDLE, LAST)

(FIRST, MIDDLE, LAST)

PURPOSE OF CLEARANCE (Check ONE block ONLY)

<input type="checkbox"/> CHILD CARE	<input type="checkbox"/> VOLUNTEERS-A copy of your PROCESSED "Request for Criminal Record" (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FID-258).	<input type="checkbox"/> CWEP (Community Work Experience Program Participant)
<input type="checkbox"/> FOSTER CARE		
<input type="checkbox"/> ADOPTION		
<input type="checkbox"/> SCHOOL		

SIGNATURE OF CAO REP _____

CAO PHONE NO _____

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

- 1.
- 2.
- 3.
- 4.

HOUSEHOLD MEMBERS (List everyone who lived with you at anytime since 1975 to the present).

NAME (First, Middle, Last) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the Administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE _____

DATE _____

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

SECTION II RESULTS OF HISTORY CHECK

<input type="checkbox"/> APPLICANT IS NOT LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.	<input type="checkbox"/> APPLICANT IS LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).
--	--

STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.		3.	
2.		4.	

VERIFIER _____

DATE _____

VERIFIER'S SUPERVISOR _____

DATE _____

SECTION III

VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES

_____ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.

The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.

It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred in the last five years.
- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred over five years ago.
- Applicant is named as the perpetrator of an "Indicated" child abuse or school employee report.
- Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.

PENNSYLVANIA STATE POLICE CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.

FBI CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.
- No FBI clearance required.

VERIFIER_____
DATE_____
VERIFIER'S SUPERVISOR_____
DATE

Applicant Background Check Services

Last Name	
First Name	
Middle Name	
Date of Birth	
Place of Birth City	
Place of Birth State	
SSN(no dashes)	
Reenter SSN	
Sex	
Race	
Eye Color	
Hair Color	
Height	
Weight	
Country of Citizenship	
Driver's License No.	
Address	
City	
State	
Zip	
Phone #	
E-Mail Address	
Alias Last Name	
Alias First Name	

Verification of AmeriCorps Eligibility *(Please initial next to all items)*

___ **Birth Date / Age** (must be at least 17 years old)

Must provide one of the following:

1. Driver's License, or
2. Item from "citizen section" above

___ **Education** (must have a high school diploma, GED, or agree to obtain one) – Verification of education must be submitted.

___ **SSN – Social Security Card** (must be signed); Social Security Benefit Statement; or DD-214

___ **Photo ID** – Valid government issued Photo ID

Member Background Check

Any member serving at a site where they will have "recurring access" to children 17 and younger, persons age 60 or older, or individuals with disabilities must agree to successfully complete a criminal record check, Child abuse clearance and a FBI Check. The site supervisor must review the results and accept the results as meeting their standards set in their own screening process before the member can be enrolled in the Keystone SMILES AmeriCorps program and begin serving at the site. These sites shall, to the extent permitted by state and local law, conduct criminal record checks on these members as part of the screening process. A copy of the completed background checks must be submitted to Keystone SMILES before acceptance and enrollment.

The SMILES AmeriCorps Program will also conduct a name search, on all potential and active members, in the National Sex Offender Public Registry. Any member who is registered as a sex offender cannot participate in the Keystone SMILES AmeriCorps program.

___ **Consent to conduct criminal record, Child Abuse, FBI and National Sex Offender Public Registry (NSOPR) Check.**

Potential AmeriCorps Member

By signing this document, I certify I have read and agree to provide all the information above if selected as a Keystone SMILES AmeriCorps member. I also consent, as an applicant to the Keystone SMILES AmeriCorps Program, to the above Criminal, FBI, Child Abuse and NSOPR checks.

If selected, Keystone SMILES AmeriCorps provides members with a uniform, please give us your preferred shirt sizes.

___ **T-shirt** ___ **Sweat Shirt** ___ **Dress Shirt** ___ **Outerwear**

Applicant Name: _____ Signature _____ Date: _____

To be completed by an AmeriCorps Representative

I certify as an AmeriCorps representative I have discussed the above eligibility information with the applicant:

Name: _____ Signature _____ Date: _____