



AMERICORPS SENIORS (ACS) PROGRAM ELIGIBILITY FORM

We are an inclusive program. Qualified individuals with disabilities and those from diverse backgrounds are strongly encouraged to apply. Reasonable accommodations for qualified individuals will be provided.

HOW DID YOU HEAR ABOUT US?

Print Media Social Media Presentation/Event Referred by:

PERSONAL INFORMATION

Legal name EXACTLY as it appears in 1. Driver License 2. State ID or 3. Ask Program Coordinator

Legal Last Name:

Legal First Name:

Legal Middle Name:

Preferred Name:

Landline OR Mobile: Preferred Texts Calls

Landline OR Mobile Preferred: Texts Calls

Primary Phone #:

Other Phone #:

Date of Birth (mm/dd/yyyy):

Languages Spoken:

DISCLOSURE STATEMENT

Have you ever been convicted of, plead guilty, or "no contest" to a crime that has or has not been expunged or removed from your record?

A full disclosure is to your advantage because your record does not automatically disqualify you for acceptance in the program. However, failure to admit convictions may result in the disqualification of your application.

NO

YES (Ask your area program coordinator for next steps on completing a A-Check Global Background Check)

CERTIFICATIONS

By signing below, I acknowledge that I have read and understand the following statements:

- I hereby state that I am 55 years of age or older;
- If accepted into Northern Arizona University's AmeriCorps Seniors programs, I will offer my services as a volunteer and not as an employee of the Northern Arizona University, the state of Arizona, or the Federal Government;
- I consent to the required criminal history background checks, which vary by programs, and my participation is contingent upon the results;
- If eligible, I may receive a monetary incentive, mileage and/or transportation reimbursement which are considered "Disregarded Income" by the Federal Government for my volunteer efforts.

Applicant Signature: _____ **Date:** _____

FOR STAFF USE ONLY:

Coordinator select applicant's program(s): RSVP RSVP as SCP

FGP SCP & Income Eligibility Form is Attached or Check Here if Non-Stipend

I have viewed a government-issued picture Identification Card for the person listed on this form.

Program Coordinator Name: _____ Program Coordinator Signature & Date: _____

I have reviewed and approve this form.

Program Manager Name: _____ Program Manager Signature & Date: _____

Notes:



Center for Service and Volunteerism

Coordinator Use Only: FGP SCP RSVP as SCP RSVP

AMERICORPS SENIORS (ACS) ENROLLMENT FORM

VOLUNTEER INFORMATION		
Your information is never sold, shared, or used outside of AmeriCorps Seniors.		
Legal name EXACTLY as it appears in 1. Driver License 2. State ID or 3. Ask Program Coordinator		
Legal Last Name:	Legal First Name:	Legal Middle Name:
Date of Birth (mm/dd/yyyy):		
Email Address:		
Mailing Address:		
City:	State:	Zip Code:
Home Address (For mileage reimbursement only. Complete if different than above):		
City:	State:	Zip Code:
T-Shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> other _____		
Military Status (select all that apply): <input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> Family members actively serving <input type="checkbox"/> Not Applicable	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Fluid/Does Not Identify as Male or Female <input type="checkbox"/> Prefer Not To Answer	
LGBTQIOA: <input type="checkbox"/> Identify as a member of the member of the LGBTQ community <input type="checkbox"/> Does not identify as a member of the LGBTQ community <input type="checkbox"/> Unknown <input type="checkbox"/> Prefer Not to Answer		
Race: <input type="checkbox"/> American Indian/Eskimo <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> African/African Decent <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Two or more races <input type="checkbox"/> Prefer Not to Answer		
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino <input type="checkbox"/> Prefer Not to Answer		
I identify as a member of the Disability Community? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List any area you are interested in <u>and</u> specific skills you would like to utilize in your volunteer position:		

REFERENCES – Do NOT complete for RSVP		
Last Name, First Name	Phone Number	Complete Mailing Address

MILEAGE REIMBURSEMENT REQUIREMENT – Do NOT complete for RSVP

If applicable to your program of interest, AmeriCorps Seniors provides volunteers with mileage reimbursement for commute and, if applicable, driving clients.

Will you be claiming mileage reimbursement? Yes No **If yes, complete the section below.**

Driver's License #:		State:	
Expiration Date:			
Insurance Company Name:			
Policy Number:		Expiration Date:	

EMERGENCY CONTACT

Name:			Phone:	
Home Address:				
City:		State:		Zip Code:
Relationship:				

BENEFICIARY

As an AmeriCorps Seniors volunteer, you will be covered by accident and personal liability insurance plus a small death benefit while performing volunteer duties. This coverage is automatic and free of cost to you while you are an actively enrolled volunteer.

<input type="checkbox"/> Same as Emergency Contact	<input type="checkbox"/> Estate	
Beneficiary Name:	Phone:	
Home Address:		
City:	State:	Zip Code:
Relationship:		

CERTIFICATIONS

By signing below, I acknowledge that I have read and understand the following statements:

- I hereby certify that under penalty of perjury, the answers given above are true and correct to the best of my knowledge and belief.
- I also understand that if I use my personal automobile while volunteering, I will maintain the Arizona State minimum automobile liability insurance and hold a valid driver's license.

Applicant Signature: _____ **Date:** _____

STAFF USE ONLY:

I have reviewed this information and ensured all questions have been answered.

Program Coord. Name: _____ Program Coord. Signature & Date: _____

I have reviewed and approve this enrollment form.

Program Manager Name: _____ Program Manager Signature & Date: _____