



# Keystone SMILES AmeriCorps Application

## Summer Experience 2012

### Application Requirements

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**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.** 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.

All applicants must be interviewed and selected by host sites and Keystone SMILES AmeriCorps staff. AmeriCorps Summer Term of service will begin the third or fourth week of May. Interviews will be held in late March or April. You will be contacted by Keystone SMILES AmeriCorps to schedule an interview for one of their group sessions. The applicant must attend a presentation held by Keystone SMILES AmeriCorps before they may be considered for an AmeriCorps position.

Please send or deliver all materials to:

**Keystone SMILES**  
**Box 352; 420 Main Street**  
**Knox, PA 16232**  
[www.smilesamericorps.org](http://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)*

**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)*

- |   |  |
|---|--|
| <input type="checkbox"/> Keystone SMILES Summer Youth Corps                 | <input type="checkbox"/> Keystone SMILES Pre-K Program                       |
| <input type="checkbox"/> Keystone SMILES Community Service Learning Program | <input type="checkbox"/> Clarion University Work Study (Any program on-site) |

**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)*

- |  |   |
|--|---|
| <input type="checkbox"/> Boys and Girls Club Along the Allegheny, Emlenton, PA | <input type="checkbox"/> Cray Youth and Family Service, New Castle, PA      |
| <input type="checkbox"/> Community Service of Venango County, Oil City, PA     | <input type="checkbox"/> MCHA, Sharon, PA                                   |
| <input type="checkbox"/> Oil City Library, Oil City, PA                        | <input type="checkbox"/> Oil City YMCA, Oil City, PA                        |
| <input type="checkbox"/> Sharpsville Gardens Learning Center, Sharpsville, PA  | <input type="checkbox"/> Clarion University Work Study (Any location above) |
| <input type="checkbox"/> Tiger Pause, Beaver Falls, PA                         |   |

**Clarion University Students** should contact Clarion University's Financial Aid office to determine Federal Work-Study Eligibility

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) 450 Hours  
AmeriCorps Work-study 450 Hour Term of Service (All applicants must be pre-approved by CUP office of Financial Aid)**

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> Computers _____         | <input type="checkbox"/> Public Health _____       |
| <input type="checkbox"/> Communications _____    | <input type="checkbox"/> Teaching / Tutoring _____ |
| <input type="checkbox"/> Education _____         | <input type="checkbox"/> Trade Skills _____        |
| <input type="checkbox"/> Fine Arts, Crafts _____ | <input type="checkbox"/> 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:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Convicted of any criminal offense by a civilian court or by military authorities?                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Adjudicated or held responsible as a juvenile offender of any criminal offense by a civilian court or by authorities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Are you now:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Under charges for any offenses or are any civil suits or judgments pending against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> On probation or parole?   | <input type="checkbox"/> Yes | <input type="checkbox"/> 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: \_\_\_\_\_  
Name

Address: \_\_\_\_\_  
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.

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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 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.

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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.*

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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: \_\_\_\_\_

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### TO THE PERSONAL REFERENCE:



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



AmeriCorps engages more than 75,000 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.

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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.

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**EMOTIONAL MATURITY**

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

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\*\* 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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Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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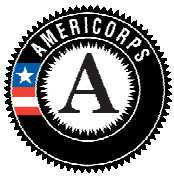


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Last First Middle

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(If PO Box, also give street address) City State Zip Code

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CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM  
FOR THE PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

I, \_\_\_\_\_ (Applicant's Name), hereby authorize the Department of Public Welfare, ChildLine to release my Pennsylvania Child Abuse History Clearance information directly to Keystone SMILES AmeriCorps (Name of Requesting Agency).

I understand that this information is confidential in nature pursuant to §6340 (relating to information in confidential reports) of the Child Protective Services Law (CPSL) (23 Pa.C.S Chapter 63) and will not otherwise be released by the Keystone SMILES AmeriCorps (Name of Requesting Agency) without my express authorization or pursuant to authorization by Title 55 of the Pennsylvania Code. I understand that the aforementioned information will not be released directly to me \_\_\_\_\_ (Applicant's Name) as stated in the Pennsylvania Child Abuse History Clearance application.

I understand that I will not receive a copy of my Pennsylvania Child Abuse History Clearance directly from ChildLine; however, I may request a copy of my Pennsylvania Child Abuse History Clearance from Keystone SMILES AmeriCorps (Name of Requesting Agency) upon written request.

I have read this Consent/Release of Information Authorization form and fully understand and agree to its content. I further understand and agree to all information and ramifications of the Pennsylvania Child Abuse History Clearance application as it otherwise relates to this consent.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**KEYSTONE SMILES AMERICORPS**  
**PO BOX 352**  
**KNOX, PA 16232**

**Applicant Background Check Services**

Last Name*	
First Name*	
Middle Name	
Date of Birth*	
Birth City*	
Birth State*	
SSN(no dashes)	
Reenter SSN	
Sex*	
Race*	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White (includes Mexicans & Latinos) <input type="checkbox"/> Unknown
Eye Color*	<input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Hazel <input type="checkbox"/> Maroon <input type="checkbox"/> Multicolored <input type="checkbox"/> Pink <input type="checkbox"/> Unknown
Hair Color*	<input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Orange <input type="checkbox"/> Purple <input type="checkbox"/> Pink <input type="checkbox"/> Red <input type="checkbox"/> Sandy <input type="checkbox"/> White <input type="checkbox"/> Unknown
Height*	
Weight*	
Country of Citizenship*	
Driver's License No.	
Address*	
City*	
State*	
Zip*	
Phone #*	
E-Mail Address	
Alias Last Name	
Alias First Name	

Note: Items marked by a \* are mandated by Cogent for registration. If applicable, the choices given are exactly what Cogent has in its drop down menu. Please choose only one per item.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PennSERVE National Service Criminal History Check Verification Form:**  
**Part Two-APPLICANT/MEMBER**



Program Name: _____
Applicant's Name: _____
Grant Year: _____ Date: _____

**AmeriCorps Applicant, please read and verify your understanding of the following regarding criminal history requirements for service:**

**As an applicant for an AmeriCorps position, I consent to a national service criminal history check for my program placement consisting of:**

- PA State Police Criminal Registry Check (required by CNCS & PennSERVE)
- FBI Fingerprint Criminal History Check
- \_\_\_\_\_ Home State Criminal Registry Check (if applicant resides outside of PA)

**If an out of state applicant, please fill in the name of the home state.**

- PA Dept. of Public Welfare Childline Child Abuse Check (required by PennSERVE for any members who will have recurring access to vulnerable populations)

**Applicant please read the following statement:**

As an applicant for an AmeriCorps member position, I understand and acknowledge that my acceptance as an AmeriCorps member is subject to the positive and/or negative results of each of the above checked National Service criminal history elements. I understand and acknowledge that my refusal to consent to the above checks makes me ineligible to serve. I understand and acknowledge that anyone listed or required to be listed on a sex offender registry is ineligible to serve. I understand and acknowledge that anyone convicted of murder is ineligible to serve. I understand and acknowledge that my failure to disclose or my lying about any convictions prior to the checks being conducted is grounds for making me ineligible to serve.

Furthermore, I understand and acknowledge that National Service Criminal History Checks are only one element of the application screening process for an AmeriCorps position; and that positive results for all National Service Criminal History Checks do not guarantee that I will be placed as an AmeriCorps member.

I understand that if placed as an AmeriCorps member with recurring access to vulnerable populations, I am not permitted to have unsupervised access to children, persons age 60 and older, or individuals with disabilities while waiting for the results of my state criminal registry check(s), and/or my FBI Fingerprint criminal history check, and the PA Dept. of Public Welfare Childline Child Abuse Check.

With my signature I verify my understanding of all of the above statements and give my consent to a National Service Criminal History Check as described above:

\_\_\_\_\_  
Signature of AmeriCorps Applicant/Member

\_\_\_\_\_  
Date of Consent

**You will have the opportunity to review all criminal history clearance results with program staff.**

## Verification of AmeriCorps Eligibility:

To be selected and enrolled as an AmeriCorps member you must prove you are eligible. If selected, before you begin service as an AmeriCorps member, you must provide proof of the following. As an understanding you will need to provide proof of the following, 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" below**

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

*Must provide one of the following: High School Diploma, College Diploma, Transcripts, college ID*

\_\_\_\_\_ **US Citizen** (must be US citizen or US national or lawful permanent resident alien of the US)

**Provide one of the following:**

- Birth Certificate showing that the individual was born on one of the 50 state, DC, Puerto Rick, Guam, the US Virgin Islands, American Samoa, or the Northern Mariana Islands.
- US Passport un-expired, issued to an individual as a US Citizen, and signed
- Report of Birth Abroad of a US Citizen (FS 240) Certificate of Birth
- Certificate of Report of Birth (DS 1350) Permanent Resident Card, INS Form I 551
- INS Certificate of Citizenship (Form N 560 or N 561) Alien Registration Card INS Form I 551
- INS Certificate of Naturalization (Form N 550 or N 570)
- Un-expired Passport indicating that the INS has approved temporary evidence of lawful admission for permanent residence
- Departure Record (INS Form I 94) indicating INS has approved it as temporary evidence of lawful permanent residence

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

\_\_\_\_\_ **Photo ID** – Valid government issued Photo ID

### Applicant

**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.**

Applicant Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_ **T-shirt size**      \_\_\_\_\_ **Sweat Shirt size**      \_\_\_\_\_ **Dress Shirt size**      \_\_\_\_\_ **Outerwear size**

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### **To be completed by an AmeriCorps Representative**

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

AmeriCorps Rep Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_