



PLEASE COMPLETE IN BLUE INK

After completion of the online application form, the following packet must be printed, completed and sent to:

**Keystone SMILES
PO Box 352;
Knox PA 16232**

NO CURRENT CLEARANCES WILL BE ACCEPTED, ALL APPLICANTS MUST RECEIVE NEW CLEARANCES – Keystone SMILES will pay for applicants clearances upon selection to the Keystone SMILES AmeriCorps Program

To begin to initiate clearances on the applicants' behalf, we must first verify the applicants' identity. Applicants should submit a copy of their State issued ID with this packet.

No application is complete without the following items.

- Certification page
- PennSERVE National Service Clearance Form
- Verification of AmeriCorps Eligibility Form
- Copy of State Issued Photo ID



CERTIFICATION PAGE

Your application must be certified with your original signature in ink. I certify that all of the statements made in the online 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.

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

Part One -APPLICANT/MEMBER CONSENT

(1 of 5)



Program Name: Keystone SMILES AmeriCorps

Applicant's Name: _____

Grant Year: 2016-2017

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

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.

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 or arson 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 access to children, persons age 60 and older, or individuals with disabilities without being accompanied by designated staff, while waiting for the results of my required criminal (national and state(s)) checks.

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 Form:

To be selected an 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 Report of Birth (DS 1350)
 - INS Certificate of Citizenship (Form N 560 or N 561)
 - 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
- Certificate of Birth
Permanent Resident Card, INS Form I 551
Alien Registration Card INS Form I 551

_____ **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 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:

AmeriCorps Representative Signature _____ Date: _____

Updated: 7/1/2015