

Please fill out and print this form.  
You will need to sign it and mail it to:  
Metropolitan Family Service  
2200 NE 24th Avenue  
Portland, Oregon 97212

## **Experience Corps®/AmeriCorps Application**

**Metropolitan Family Service, 2200 NE 24<sup>th</sup> Avenue, Portland, OR 97212**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Title: \_\_\_ Ms. \_\_\_ Mrs. \_\_\_ Mr. Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

- Where did you hear about the Experience Corps program? \_\_\_\_\_  
\_\_\_\_\_
- Please describe any previous volunteer experience: \_\_\_\_\_  
\_\_\_\_\_
- What experiences have you had working with schools, children, and community programs?  
\_\_\_\_\_  
\_\_\_\_\_
- Why are you interested in becoming an Experience Corps member? \_\_\_\_\_  
\_\_\_\_\_
- Do you have any special skills which you feel may be helpful? \_\_\_\_\_  
\_\_\_\_\_
- Do you speak any languages other than English? If so, which languages? \_\_\_\_\_
- Please indicate the age group(s) you are interested in working with:  
Age: 6-7 \_\_\_\_\_ 8-9 \_\_\_\_\_ 10-11 \_\_\_\_\_ 12-13 \_\_\_\_\_

- What are the most convenient days and times for you to meet with students? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Most Recent Employer**

Name of Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

**AmeriCorps Required Information**

Have you previously served in AmeriCorps? \_\_\_ No \_\_\_ Yes If Yes, please check all that apply:

\_\_\_ AmeriCorps Vista \_\_\_ AmeriCorps NCCC \_\_\_ AmeriCorps State and National Program

Location: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Did you complete your term of service? \_\_\_ Yes \_\_\_ No If No, why not? \_\_\_\_\_

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?

\_\_\_\_\_  
Registration Number

\_\_\_\_\_  
Expiration Date

*Please note that your acceptance into the Experience Corps/ AmeriCorps program is in part contingent on you providing primary documentation of status as a US citizen or national, in support of the citizen requirement.*

**Education:** Check the **highest** level of education that you have attained:

\_\_\_ Some high school (specify school, city, dates) \_\_\_\_\_

\_\_\_ High School Diploma/ GED (specify school, city, graduation date) \_\_\_\_\_

\_\_\_ Some college (specify school name, city) \_\_\_\_\_

\_\_\_ Associate's degree (specify major and graduation date) \_\_\_\_\_

\_\_\_ Bachelor's degree (specify major and graduation date) \_\_\_\_\_

\_\_\_ Graduate degree (specify course of study/graduation date) \_\_\_\_\_

**Stipend Election:**

Are you interested in serving 15 hours/week and the option to receive a \$250/month stipend?

\_\_\_ Yes \_\_\_ No \*If no, mentors are asked to serve a minimum of 5 hours/week.

**References:** Please list four character references that we may contact (other than relatives):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship: \_\_\_\_\_
4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Certification**

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation will result in my being eliminated from further consideration. I further understand that if accepted for an Experience Corps/AmeriCorps position with Metropolitan Family Service, any material misrepresentations or omissions that become known to Metropolitan Family Service will result in termination and disqualification as an Experience Corps/AmeriCorps member regardless when discovered.

I hereby authorize the investigation of all statements made in this application. I further authorize the employers and/or supervisors listed herein to give Metropolitan Family Service representatives any and all information regarding my prior employment and/or volunteer activities. I hereby release Metropolitan Family Service and previous employers and/or agencies, supervisors and all others of their respective employers from any liability for any and all claims for damages or injury that may or could result from furnishing information to Metropolitan Family Service.

I agree to complete such additional release forms that Metropolitan Family Service may require to secure information related to this application and my ability to serve as an Experience Corps/AmeriCorps member.

If accepted as an Experience Corps/AmeriCorps member, I recognize the instructions, rules, and policies of Metropolitan Family Service and will adhere to these to the best of my ability. I understand that if I am accepted, my position can be terminated at any time, with or without cause and with or without notice, at the option of either Metropolitan Family Service or myself.

I agree that if I use my personal automobile to drive during the course of my volunteer service, I will maintain a valid driver's license in my state of residence, as well as maintain automobile liability insurance equal to or greater than the minimum legal requirement for my state of residence.

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Metropolitan  
Family Service**

Experience Corps is a registered trademark supported through a generous Americorps program. Experience Corps is a program of Metropolitan Family Service. For more than half a century, MFS has played a vital role in the lives of children, families, and older adults. Most people who access our programs are low-income individuals and families.

*Because together, we can do more.*