

Experience Corps®/AmeriCorps Application

Metropolitan Family Service, 2200 NE 24th 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.