



AmeriCorps Member Application

How to apply: For applications to be considered for the August 2023 start date, they must be **received by July 24, 2023**. In order for applications to be considered for the January 2024 start date, they must be **received by December 11, 2023**. Please fill out this member application and send it with your cover letter and resume to the AmeriCorps Program Director at Special Olympics Michigan. Incomplete applications will not be accepted. Interviews will be arranged as applications are received.

Reasonable accommodations: If you need to make a request for a reasonable accommodation, due to a disability, such as to obtain materials in a format that works for you or to fully participate in the application process, please contact Sara Galik, AmeriCorps Program Director at (248) 891 – 7253 or americorps@sommi.org with questions.

Application Checklist:

- Member application
- Cover letter
- Resume

For any questions, you may attach any additional information or explanation on a separate sheet.

Name: _____
LAST FIRST MIDDLE

What date are you available to begin? _____

Do you understand that if you accept a Special Olympics Michigan AmeriCorps position, you will be committing to serve a set number of hours (ranging from 300 – 900, dependent on position) for either **one semester** or **10 months**?

- Yes No



Current Address: *All information will be sent to this address unless you notify us of a change.*

NUMBER AND STREET (IF POSSIBLE, INCLUDE A NUMBER AND STREET ADDRESS WHEN USING A P.O. BOX)

CITY _____	STATE _____	ZIP CODE _____
Home Phone (_____) _____	Work Phone (_____) _____	
Cell Phone (_____) _____	E-mail _____	

Permanent Address (if different than above):

Check the highest level of education that you will have completed by the time you would start service in AmeriCorps (check only one).

- High school diploma or GED
- Associate's degree
- Bachelor's degree
- Technical school/Apprenticeship
- Some college
- Graduate degree
- Other (please specify): _____

How did you hear about this position?

- College/University (School _____)
- Ad in the local newspaper
- Special Olympics Michigan website
- Host organization announcement/website
- Current or former AmeriCorps member
- Friend/Family
- Other (Please explain _____)

AmeriCorps is part of a national service program designed to strengthen citizenship and the ethic of service. What does community service mean to you?



Special Olympics Michigan (SOMI) AmeriCorps members work directly with individuals with intellectual disabilities (ID), leading health and wellness programs. Tell us about any past experiences you have had with working with people with ID:

SOMI AmeriCorps members' primary service duties are program delivery. Members lead both SOMIfit programming and Young Athletes programming. SOMIfit is a health and fitness program for athletes ages 8 and up that involves health education and exercise. Young Athletes is a sport introductory program for children ages 2 – 7 years old. Tell us about a time that you have instructed or lead a group:

Please tell us about any experience you have had with fitness, sports, and health related topics:

Please tell us about your level of proficiency with basic computer skills and computer programs, such as Word, Excel, Google Drive, Gmail, and Outlook:



How have you been involved in your community?

If you served in an organization, complete the following:

Organization Name: _____ Total Hours Served: _____

Description of Involvement: _____

Organization Name: _____ Total Hours Served: _____

Description of Involvement: _____



REFERENCES

Please provide the contact information for three references.

Reference Name: _____
LAST FIRST

Title:

Company/Organization:

Relationship:

Phone (_____) _____ E-mail REQUIRED: _____

Reference Name: _____
LAST FIRST

Title:

Company/Organization:

Relationship:

Phone (_____) _____ E-mail REQUIRED: _____

Reference Name: _____
LAST FIRST

Title:

Company/Organization:

Relationship:

Phone (_____) _____ E-mail REQUIRED: _____



BACKGROUND CHECKS

An FBI background check and federal sexual offender registry check must be conducted on all AmeriCorps members. Existence of a criminal conviction/adjudication may or may not, depending on the circumstances, disqualify you from consideration. However, any intentional misrepresentation or omission will disqualify you. You will be informed of the results of these checks. If the results disqualify you for service, you will have the opportunity to challenge the results.

Yes, I authorize Special Olympics Michigan to conduct criminal history checks and sexual offender registry checks. All results will be strictly confidential.

The information below is required to complete background checks. Failure to provide info results in an incomplete application and ineligibility for the program.

Date of Birth: _____

MONTH/DAY/YEAR

Place of Birth: _____

Male Female

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? _____

Please answer the following questions fully. Do not include minor traffic violations. Have you ever been convicted, or adjudicated as a juvenile offender, of any criminal offense by either a civilian or military court, other than minor traffic violations? Yes No

Are you now: Under charges for any offenses? Yes No

On probation or parole? Yes No

If No, skip to "Certification" below. **If Yes, please provide the following information:**

Date: _____

MONTH/DAY/YEAR

Place: _____

CITY

STATE

Charge: _____

Action Taken: _____

Court, Probation, or Parole Officer: _____ Phone: (_____)

Address: _____

STREET ADDRESS

CITY

STATE

ZIP CODE



CERTIFICATION

Your application must be certified

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*NCCC, will require a physical examination, including drug and alcohol testing. Background and security checks may also be 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 to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information will not otherwise be disclosed to entities outside of AmeriCorps and the Corporation for National and Community Service without your prior written permission.

SIGNATURE _____

DATE _____

**By typing your name on the line that signifies your electronic signature for this application*