

Sitting Bull College/AmeriCorps GED Tutor Application Form

PERSONAL PROFILE

NAME:		
NAME:	FIRST	MIDDLE
AmeriCorps members must be a Unit United States citizen, national, or lav		cional or lawful permanent resident. Are you a lien?YesNO
If you are a lawful permanent resider registration number and card expirate		your card after January 1987, what is your
SOCIAL SECURITY NUMBER:		
DATE OF BIRTH:		
MONTH/	DAY/YEAR	
PLACE OF BIRTH:	TE/COUNTRY	
GENDER: Male Female	IE/COUNTRY	
Earliest date you are available to beg	in convico:	
Larilest date you are available to beg	III SELVICE	
CURRENT ADDRESS: All information will b		
NUMBER AND STREET (IF POSSIBLE, INCLUDE A N	IUMBER AND STREET ADDRESS WH	IEN USING A P.O. BOX)
CITY	STATE	ZIP CODE
Home Phone ()		
Cell Phone ()	E-Mail	
EMERGENCY CONTACT/PERMANEN' whom you can always be reached: Name:		pove): Please give the name and address of a person through
Home Phone ()	Work Phone (_)
EDUCATION Check the highest level of education AmeriCorps. (Check only one.)	that you will have comple	ted by the time you are planning to serve in
Some high school High school diploma or GED Technical school/Apprenticeship	Associate's degree Some college Bachelor's degree	Graduate degree Other (please specify):

SKILLS AND EXPERIENCE

Listed below are skill areas that some programs find useful and may seek in AmeriCorps applicants. Indicate the skill areas in which you have had training or experience, including volunteer or community service experience, and indicate how you gained those skills.

EXAMPLE: X Public Speaking – Club Preside	nt			
Architectural Planning	Rusinass/Entrantana	ır		
Communications	Dasiness/Entreprener	" elonment		
Fine Arts/Crafts				
	Law			
Leadership				
Public Health				
Recruitment				
Trade/Construction	Writing/Editing			
Youth Development				
Do you have a valid driver's license? Yes _	No License#	State		
CRIMINAL HISTORY The AmeriCorps application process requires a criminal history check to ensure that community members with whom we work are protected, particularly children, individuals with disabilities, and individuals over 60 years old. We will investigate for past sexual offenses and violent crimes, or crimes that would have a direct bearing on your service. This background check will entail our search of the National Sex Offenders Registry and an FBI criminal history check, which will require you being fingerprinted at Pre-Service Orientation. You will not be permitted to serve or work with children, individuals with disabilities, or individuals over 60 years of age, without supervision until the history check is complete and you are cleared. The review process is				
not lengthy, and normally is completed within weeks. Answer the following questions fully. Existence of a criminal conviction or juvenile 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.				
Criminal History Consent/Authorization: I authorize criminal history background checks from the applicable state(s) and FBI agencies in relation to my AmeriCorps application, eligibility and service within this AmeriCorps Program.				
Have you ever been convicted as an adult, 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 currently facing charges for any offense or on probation or parole? ____ Yes ____ No,

if no, skip to "Certification" below. If you answered "yes" to any of the questions above, please provide the following information: Place: MONTH/DAY/YEAR Charge: Action Taken: Court, Probation, or Parole Officer: Phone: () Name: Address: _ NUMBER AND STREET CITY You may attach any additional information or explanation on a separate sheet. **CERTIFICATION** If you choose to submit a paper application, your application must be certified with your original signature in ink. If you are applying to more than one AmeriCorps program, make a copy for each program that you're applying to first, and then sign each one. By signing this application, or by submitting it electronically if applying on-line, 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. Misinformation or omission of information could result in disqualification or termination as an AmeriCorps member. If I am selected for participation in some AmeriCorps programs, including AmeriCorps NCCC, I may be required to submit to a physical examination, including drug or 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.

Documents required with applications: <u>high school diploma and transcipts or GED</u> <u>certificate</u>, <u>copy of birth certificate</u>, <u>three reference letters</u>, and <u>legible photo ID</u> to:

Sitting Bull College Attn: GED Director 414 6th St West Mobridge, SD 57601

SIGNATURE