 <<Insert Program Name>>

**AMERICORPS ELIGIBILITY**

**VERIFICATION FORM**

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| **PART I – TO BE COMPLETED BY MEMBER** Sections 1, 2 and 3 are to be completed and certified by the AmeriCorps Member prior to enrollment in <<Insert Program Name>>. | | | | | | | |
| **SECTION 1**  **Member Information** | Last Name  Click or tap here to enter text. | | First Name  Click or tap here to enter text. | | MI  Click or tap here to enter text. | Maiden Name  Click or tap here to enter text. | |
| Address (street name and number)  Click or tap here to enter text. | | | | Apt. #  Click or tap here to enter text. | Date of Birth (MM/DD/YYYY)  Click or tap to enter a date.  Click or tap here to enter text. |
| City  Click or tap here to enter text. | | State  Click or tap here to enter text. | Zip  Click or tap here to enter text. | | Social Security Number  Click or tap here to enter text. | |
| **SECTION 2**  **Education Requirement** | Please check the box that applies: | | | | | | |
| I possess a high school diploma or have earned an equivalency certificate.  I do ***NOT*** possess a high school diploma or equivalency certificate. *Please check the box that applies:*  I agree to pursue a high school diploma or equivalency certificate during my term of service.  I agree to obtain a high school diploma or its equivalent prior to using the education award and certify that I have not dropped out of elementary or secondary school in order to enroll as an AmeriCorps member. | | | | | | |
| An individual may request a waiver from CNCS based on 1) an independent evaluation secured by the program demonstrating that the individual is not capable of obtaining a high school diploma or its equivalent; or 2) be enrolled in an institution of higher education on an ability to benefit basis and be considered eligible for funds under section 484 of the Higher Education Act of 1965. | | | | | | |
| **SECTION 3**  **National Service Criminal History Check (NSCHC)** | I understand that selection into the program is contingent upon the organization’s review of a National Service Criminal History Check, which may consist of up to three parts:   * National Sex Offender Public Website (NSOPW) Check * Statewide Repository Checks (for State of Service ***AND*** State of Residence) * FBI Fingerprint-based Check   I am aware that my identity must be verified with a government-issued photo ID. I understand that the results of these checks will be kept confidential. I understand that the results of these checks could affect my eligibility to serve in AmeriCorps with <<Insert Program Name>>. I understand that I have the right to review the findings. | | | | | | |
| Please check the box that applies: | | | | | | |
| I agree to allow the program to conduct the National Service Criminal History Check as explained above, including a search of Hawaii and my current state of residence, if it is not Hawaii, prior to enrolling me into the program. | | | | | | |
|  | Please list any aliases or names previously used, such as maiden names  Click or tap here to enter text. | | | | | |
|  | State of Residence  Click or tap here to enter text. | | | | | |
|  | **NOTE:** *State of Residence* is defined as the location you resided at the moment in time you applied to serve in AmeriCorps. For college students: an individual applying to serve or work who is enrolled as a full-time college student is deemed to be residing in the state where they live for the purpose of attending school, without regards to whether or not that home is on- or off-campus, and whether or not that home is in the same state as the college is located. Programs may NOT opt to use any other basis for identifying the student’s state of residence, such as the student’s family home. | | | | | |
| I do ***NOT*** agree to allow the program to conduct the National Service Criminal History Checks as listed above. I understand that I cannot serve in an AmeriCorps position with this program or any other program that requires the National Service Criminal History Check to be completed. | | | | | | |

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| **Member Certification** | I attest, under penalty of perjury, that to the best of my knowledge the information contained in this document is true and correct. By signing this I agree to be considered for a position in <<Insert Program Name>>. | | |
| Member Name Printed  Click or tap here to enter text. | Member Signature  X | Date Signed  Click or tap to enter a date. |
| I hereby certify that I am the parent or legal guardian of the above-named member, a minor under the age of eighteen years, and hereby consent on behalf of said minor to be considered for a position in <<Insert Program Name>>. | | |
| Parent/Legal Guardian Name Printed  Click or tap here to enter text. | Parent/Legal Guardian Signature  X | Date Signed  Click or tap to enter a date. |

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| **PART II – TO BE COMPLETED BY AUTHORIZED PROGRAM REPRESENTATIVE** Sections 4, 5 and 6 are to be completed and certified by the Program Director or Authorized Representative prior to enrollment to determine eligibility as an AmeriCorps Member for <<Insert Program Name>>. | | | | | | | |
| **SECTION 4**  **Age**  **Requirements** | Primary Documentation to Verify Age | Birth Certificate  United States Passport  Report of birth abroad of a U.S. Citizen (FS–240) issued by the State Department  Certificate of birth-foreign service (FS–545) issued by the State Department | | | | | |
| Document Title | | | Document Number | | | Issuing Authority |
| Please check the box that applies: | | | | | | |
| Member is 18 years of age or older.  Member is 17 years of age and has obtained parental consent to enroll in the AmeriCorps program. | | | | | | |
| **NOTE:** Parent or Legal Guardian authorizing consent must be provided with the member Position Description to inform them of the duties and responsibilities of the AmeriCorps member. | | | | | | |
| **SECTION 5**  **Citizenship**  **Status** | Examine one document from List A or examine one document from List B. Record the title, number, issuing authority, and expiration date, if any, of the document(s) reviewed. | | | | | | |
| **List A** – Primary documentation of status as a U.S. citizen or national | Birth certificate showing that the individual was born in one of the 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, or the Northern Marina Islands  United States Passport  Report of birth abroad of a U.S. Citizen (FS–240) issued by the State Department  Certificate of birth-foreign service (FS–545) issued by the State Department  **C**ertification of report of birth (DS–1350) issued by the State Department  Certificate of naturalization (Form N–550 or N–570) issued by the INS  Certificate of citizenship (Form N–560 or N–561) issued by the INS | | | | | |
| **List B** – Primary documentation of status as a lawful permanent resident of the U.S. | Permanent Resident Card, INS Form I–551  Alien Registration Receipt Card, INS Form I–551  Passport indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence  Departure Record (INS Form I–94) indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence | | | | | |
| Document Title | | | | Document Number | | |
| Issuing Authority | | | | | | Expiration Date |
| **NOTE:** If primary documentation is not available, the program must obtain written approval from the Hawaii Commission and the Corporation that other documentation is sufficient to demonstrate the individual's status as a U.S. citizen, U.S. national, or lawful permanent resident alien in accordance with Subpart B—Participant Eligibility, Requirements, and Benefits § 2522.200. | | | | | | |
| **SECTION 6**  **NSCHC** | Please ensure the National Service Criminal History Check (NSCHC) Consent and Verification has been completed. | | | | | | |
| **Staff**  **Certification** | I attest, under penalty of perjury, that I have examined the documents presented by the above-named member and that the above listed documents appear to be genuine and related to the member named. To the best of my knowledge, the member is eligible to serve in <<Insert Program Name>>. | | | | | | |
| Authorized Representative Name Printed | | Authorized Representative Signature  X | | | Date Signed | |
| Authorized Representative Title | | | | Organization Name | | |