







**EDDIE BAZA CALVO**  
Governor  
**RAY TENORIO**  
Lieutenant Governor



## PY 2017-2018—AMERICORPS APPLICATION

**Antoinette Bautista**  
Program Director  
AmeriCorps  
Ayuda Para I Komunidat  
[Sanctuary Incorporated of Guam]

**Remy Cristobal**  
Executive Director  
AmeriCorps  
UOG Volunteer Center  
[University of Guam]




**Serve Guam Commission**

- Julie Iriarte**  
SGC Grants Officer
- Gwen Aguon**  
SGC Program Officer
- Mark Tajeron**  
Administrative Aide
- Doris Aguon**  
Executive Director
- Peter Barcinas**  
SGC Board Chairperson
- Margrit Atalig**  
SGC Board Vice-Chairperson

*"This material is based upon work supported by the Corporation for National and Community Service (CNCS) under Grant No.17CAHGU001, to the Serve Guam Commission, Office of the Governor. Opinions or points of view expressed in this document are those of the authors and do not necessarily reflect the official position of, or a position that is endorsed by, CNCS or AmeriCorps."*

*AmeriCorps is a federal program, founded over 20 years ago on September 12, 1994, under the auspices of the Corporation for National and Community Service (CNCS). The mission of CNCS is to improve lives, strengthen communities, and foster civic engagement through service and volunteering. AmeriCorps programs on Guam are managed by Serve Guam Commission under the Office of the Governor. Since the establishment of Serve Guam Commission in 2005, approximately 1,644 Guam AmeriCorps members have served thousands of beneficiaries on our island. AmeriCorps members on Guam have qualified for Segal AmeriCorps Education Awards totaling more than \$4 million dollars.*

*The Serve Guam Commission and AmeriCorps programs are dedicated to serving Guam by making a difference in the following focus areas: Education, Economic Opportunity, Environmental Stewardship, Disaster services, Healthy Futures, Veterans & Military families and Capacity Building.*

*AmeriCorps Members are individuals enrolled for a specific term of service with an AmeriCorps program. AmeriCorps members are engaged in National Service and are not volunteers or employees. Eligible AmeriCorps members can receive a living allowance, health insurance and child care assistance to support them during their term of service. They play a unique role in a community or organization to address unmet needs. In addition, AmeriCorps members receive a Segal AmeriCorps Education Award upon successfully completing a term of service.*

## PY 2017-2018 AMERICORPS PROGRAMS



**Antoinette Bautista**  
Program Director

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### **AmeriCorps Ayuda Para I Komunidat (Help for the Community)**

*Organization: Sanctuary Incorporated of Guam*

**Education:** Mentoring and Assisting At-Risk Youth and Families; Members will carry out enrichment activities and have the direct involvement of community volunteers in workshops, classes and groups on improving Parenting Skills, Parent Support Groups, Youth/Adult Anger Management Classes.

**Environmental Stewardship:** To Treat and Improve Public Parks, Lands and Community Gardens from Erosion Control, Invasive Species and Natural Debris, Recycling and up cycling to enhance a higher-quality ecosystem and habitat.

**Capacity Building:** Increasing the operational effectiveness of all AmeriCorps programs; expanding the range of services provided; and improving external relations, reflection, analysis, skill building, networking, and action. Increasing awareness of the impact of AmeriCorps and the volunteers recruited and managed.



University of Guam  
AmeriCorps UOG  
Volunteer Center

**Remy Cristobal**  
Executive Director

Tel: 735-2218

email:  
[remybc@triton.uog.edu](mailto:remybc@triton.uog.edu)

For AmeriCorps UOG Volunteer Center  
Application, pls. contact:  
Larry Gamboa  
UOG Human Resources Office  
Tel: 735-2350/51

### **AmeriCorps UOG Volunteer Center**

*Organization: University Of Guam*

**Environmental Stewardship:** To Treat and Improve Public Parks and Lands from Erosion Control, Combat Invasive Species and Natural Debris, to enhance a higher-quality ecosystem and habitat.

**Education:** Helping college students maintain and succeed in post secondary education by providing program supported activities to earn their post secondary degree.

**Healthy Futures:** Providing companionship services to reduce social isolation and support needed to maintain independent living of elderly or individuals with disabilities.

**Capacity Building:** Increasing the operational effectiveness of all AmeriCorps programs; expanding the range of services provided; and improving external relations, reflection, analysis, skill building, networking, and action. Increasing awareness of the impact of AmeriCorps and the volunteers recruited and managed.

APPLICANT NAME:

AGE:

ENROLLMENT TYPE:  Full Time  Half Time

Do you require reasonable accommodation?  Yes  No

**APPLICATION PROCESS:**

Applicants are encouraged to apply early as applications are considered on a rolling basis until all positions are filled. Qualified applicants are screened and interviewed by the AmeriCorps Program and their partner agency before any formal offer is made.

To apply, complete this application and return to the AmeriCorps Program you are applying to. If you are applying to more than one program, please complete an application for each program.

**APPLICATION INSTRUCTIONS AND REQUIREMENTS:**

Please provide full and complete information, if additional space is required, a separate sheet(s) may be attached. If you wish to submit a RESUME, your resume must contain all of the required information under the employment section of this application.

For questions that do not apply to you, please write "N/A" (Not Applicable). Do not leave blank. Complete this application by typing or printing clearly in **blue ink**. Program Directors to submit to SGC for review, audit, and approval.

**§ 2522.200 What are the eligibility requirements for an AmeriCorps participant?**

(a) Eligibility. An AmeriCorps participant must -

- (1) (i) Be at least 17 years of age at the commencement of service; or
  - (ii) Be an out-of-school youth 16 years of age at the commencement of service participating in a program described in § 2522.110(b)(3) or (g);
  - (2) (i) Have a high school diploma or its equivalent; or
  - (ii) Not have dropped out of elementary or secondary school to enroll as an AmeriCorps participant and must agree to obtain a high school diploma or its equivalent prior to using the [education award](#); or
  - (iii) Obtain a waiver from the Corporation of the requirements in paragraphs (a)(2)(i) and (a)(2)(ii) of this section based on an independent evaluation secured by the program demonstrating that the individual is not capable of obtaining a high school diploma or its equivalent; or
  - (iv) 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 ([20 U.S.C. 1091](#));
  - (3) Be a citizen, national, or lawful permanent resident alien of the United States;
  - (4) Satisfy the National Service Criminal History Check eligibility criteria pursuant to [45 CFR 2540.202](#).
- (b) Written declaration regarding high school diploma sufficient for enrollment. For purposes of enrollment, if an individual provides a written declaration under penalty of law that he or she meets the requirements in [paragraph \(a\)](#) of this section relating to high school education, a program need not obtain additional documentation of that fact.

In order to serve as an AmeriCorps member or receiving Corporation or matching funding, an individual must clear criminal history checks (see page 9) in accordance with CNCS regulations, Federal law and Serve Guam Commission policy to verify participant eligibility and must **not**:

- 1. be listed, or required to be listed, on a sex offender registry; or
- 2. have been convicted of murder, as defined in section 1111 of title 18, United States Code (this code can be found at <http://uscode.house.gov/download/pls/18C51.txt>).

Attach the Following Documents With Application	
<input type="checkbox"/>	Government approved picture ID
<input type="checkbox"/>	Copy of U.S. Passport (as applicable)
<input type="checkbox"/>	Proof of Citizenship <input type="checkbox"/> Copy of Birth Certificate <input type="checkbox"/> Copy of Lawful Permanent Resident Card (as applicable)
<input type="checkbox"/>	Copy of High School Diploma, GED, or transcripts in order to use the Segal AmeriCorps Education Award
<input type="checkbox"/>	Copy of Social Security Card

**SELECT YOUR SERVICE AREA:** Check one only

<input type="checkbox"/>	AmeriCorps Ayuda Para I Komunidad	<input type="checkbox"/>	AmeriCorps UOG Volunteer Center
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**INDICATE WHICH VILLAGE YOU ARE FROM:**

NORTH	NORTH-CENTRAL	CENTRAL	SOUTH
<input type="checkbox"/> Yigo	<input type="checkbox"/> Mangilao	<input type="checkbox"/> Mongmong-Toto-Maite	<input type="checkbox"/> Piti <input type="checkbox"/> Yona
<input type="checkbox"/> Dededo	<input type="checkbox"/> Barrigada	<input type="checkbox"/> Hagatna	<input type="checkbox"/> Santa Rita <input type="checkbox"/> Talofofo
	<input type="checkbox"/> Tamuning-Tumon-Harmon	<input type="checkbox"/> Chalan Pago-Ordot	<input type="checkbox"/> Agat <input type="checkbox"/> Inarajan
		<input type="checkbox"/> Asan-Maina	<input type="checkbox"/> Umatac <input type="checkbox"/> Merizo

**POTENTIAL MEMBER: MOTIVATIONAL STATEMENT**

Why do you want to join AmeriCorps? What could you contribute to your AmeriCorps project? What do you hope to gain from serving as an AmeriCorps member? If you need additional room, attach a separate sheet of paper and limit your response to no more than 500 words.

**PERSONAL PROFILE**

1. **NAME:**  
\_\_\_\_\_  
LAST FIRST MIDDLE

2. **Date of Birth:** \_\_\_\_\_ **Input Last 4 Digits of Social Security Number:** \_\_\_\_\_

**Citizenship Status:**  
**AmeriCorps members must be a United States citizen, U.S. national or lawful permanent resident.**

I am a U.S. Citizen or National  I am a Lawful Permanent Resident Alien of the United States

Citizens of the U.S. include person born in Puerto Rico, Guam, the U.S. Virgin Islands, and the Northern Marianas Islands. Nationals of the U.S. include persons born in American Samoa, including Swains Island.

Generally, you are a Lawful Permanent Resident Alien of the U.S. if you are a U.S. permanent resident with (i) a Permanent Resident Card, INS Form 1551; (ii) Alien Registration Receipt Card, INS Form 1-1551, (iii), a passport INS has approved as temporary evidence of lawful admission for permanent residence; or (iv), an I-94, indicating that the INS has approved it as temporary evidence of lawful admission for permanent resident.

3. NOTE: A student visa does not confer eligibility to enroll in an AmeriCorps program.

**School Status:**

I have received a high school diploma or its equivalent ([attach diploma](#))

I agree to obtain a high school diploma or its equivalent before using my educational award, and I did not drop out of elementary school or secondary school to enroll in the program.

**Education Award Limitations.**

I understand that I may not receive more than the aggregate value of two full-time education awards and that upon successful completion of the term of service, I will receive only that portion of the education award for which I am eligible, which may be all or part of an education award, or no education award, pursuant to 45 CFR § 2526.55

4.  Please initial that you understand this limitation. \_\_\_\_\_

**Current Address** (All information will be sent to you at this address until you notify the Program and SGC of a change of address)

\_\_\_\_\_  
Apt. or House Number Street City State Zip Code

Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_

5. Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Ext \_\_\_\_\_

**Permanent Address** (Name and address of person through whom you can always be reached at once you leave the program)

\_\_\_\_\_  
Apt. or House Number Street City State Zip Code

Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_

6. Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Ext \_\_\_\_\_

7. Have you previously enrolled in an AmeriCorps Program?  YES  NO

If YES, how many times? \_\_\_\_\_ Please indicate AmeriCorps Program name: \_\_\_\_\_

**Please attach referral letter from previous AmeriCorps program.**

8. Have you ever been released "for cause" by an AmeriCorps Program?  YES  NO

**LIST THREE (3) REFERENCES**

1. Name of Reference: \_\_\_\_\_  
 \_\_\_\_\_  
 LAST FIRST MIDDLE  
 Organization/Institution: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name of Reference: \_\_\_\_\_  
 \_\_\_\_\_  
 LAST FIRST MIDDLE  
 Organization/Institution: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name of Reference: \_\_\_\_\_  
 \_\_\_\_\_  
 LAST FIRST MIDDLE  
 Organization/Institution: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EDUCATION:** List the highest level of education that you will have completed by the time you are planning to serve in AmeriCorps

List all schools after high school that you have attended, including trade or technical schools, military training, and Employment training programs (or current high schools):

Name of School (List most recent first)	Location of School (City/State)	Dates Attended		Major Area of Study	Type of Degree or Certificate	Date Received or Expected
		From Mo./Yr.	To Mo./Yr.			

**LIST COMMUNITY SERVICE**

**VOLUNTEER RECRUITMENT:**

It is mandatory for AmeriCorps members to recruit (2) two Community Volunteers for Capacity Building, resource and leverage to engage in service projects in making a difference in our community.

It is mandatory for AmeriCorps members to submit community volunteer names and hours to Program Director and enter into monthly Volunteer AmeriCorps Portal System (VGAPS) for **CAPACITY BUILDING** for compliance.

Describe how you have reached out to help others and/or how you have been involved in your own community. Elaborate on why you have decided to serve or get involved, and what you received in return-that is, what you learned or how it made you feel. Think in broad terms. Attach a separate sheet of paper if you need more space.

List your most recent activity first. If you have served in an AmeriCorps program, please indicate it below and provide a referral letter from previous program Attach a separate sheet of paper if you need more space.

**DATES OF INVOLVEMENT:**

Organization Name: \_\_\_\_\_

From (MM/YY):

Address/Email: \_\_\_\_\_

To (MM/YY):

Phone/Cell: \_\_\_\_\_

Hours Per Month:

Contact Person: \_\_\_\_\_

Description of Involvement:

**DATES OF INVOLVEMENT:**

Organization Name: \_\_\_\_\_

From (MM/YY):

Address/Email: \_\_\_\_\_

To (MM/YY):

Phone/Cell: \_\_\_\_\_

Hours Per Month:

Contact Person: \_\_\_\_\_

Description of Involvement:

**DATES OF INVOLVEMENT:**

Organization Name: \_\_\_\_\_

From (MM/YY):

Address/Email: \_\_\_\_\_

To (MM/YY):

Phone/Cell: \_\_\_\_\_

Hours Per Month:

Contact Person: \_\_\_\_\_

Description of Involvement:

**EMPLOYMENT:**

List and briefly describe the last three positions you have held. Begin with the current or most recent and go back ten years. Include self-employment, internships/fellowships, home management, and full/part-time or unpaid work experience. (If you wish to submit a RESUME, your resume must

A.

Present or Last Employer/Organization:	<u>Dates</u> From (MM/YY): To (MM/YY):	Duties:
Address:	Hours Per Week:	
Supervisor:	Job Title	
Phone/Cell:	Email:	
Reason For Leaving:		

B.

Present or Last Employer/Organization:	<u>Dates</u> From (MM/YY): To (MM/YY):	Duties:
Address:	Hours Per Week:	
Supervisor:	Job Title	
Phone/Cell:	Email:	
Reason For Leaving:		

C.

Present or Last Employer/Organization:	<u>Dates</u> From (MM/YY): To (MM/YY):	Duties:
Address:	Hours Per Week:	
Supervisor:	Job Title	
Phone/Cell:	Email:	
Reason For Leaving:		

Explain any period of time greater than six months not accounted for by work, school, or military service.

**MEDIA RELEASE FORM**

In good and valuable consideration, the receipt of which is hereby acknowledged, I hereby give Serve Guam Commission and AmeriCorps Program of which, their legal representatives and assigns, those for whom they are acting and those acting with their authority or permission, the right and permission to use, re-use and/or publish my photo(s) in whole or in part, or composite or distorted in character or form, without restrictions thereof in color or otherwise made through any media at their studios or elsewhere for art, advertising, trade or any other purpose whatsoever. I consent to the use of any printed matter in conjunction therewith. I hereby waive any right that I may have to inspect and/or approve the finished product(s) or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied. I, hereby release, discharge, and agree to save harmless Serve Guam Commission and AmeriCorps Program their legal representatives or assigns, and all person acting under their permission or authority or those for whom they are acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the use of said photo(s) or in subsequent procession thereof, as well as any publication thereof. I hereby warrant that I am over 18 years of age and have every right to contract my name in the above regard, I further state that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents thereof.

Yes, I give my consent (sign below)       No, I do not give my consent

Applicant Signature	For Parent or Guardian of Applicants Under 18 Years of Age
PRINT NAME: _____ SIGNATURE: _____ DATE: _____ Address: _____ Street Address      City      State      Zip Code	I hereby affirm that I am the parent/guardian of (Print Name) _____, and I hereby consent that each of the photos furnished by Serve Guam Commission and AmeriCorps Program may be used in the matter as described above.  PRINT NAME: _____ SIGNATURE: _____ DATE: _____ Address: _____ Street Address      City      State      Zip Code

Acknowledged by Program Director/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NON-DISCRIMINATION PUBLIC NOTICE AND RECORDS COMPLIANCE:**

It is against the law for organizations that receive federal financial assistance from the Corporation for National and Community Service to discriminate on the basis of race, color, national origin, disability, sex, age, political affiliation, or, in most cases, religion. It is also unlawful to retaliate against any person who, or organization that, files a complaint about such discrimination. In addition to filing a complaint with local and state agencies that are responsible for resolving discrimination complaints, you may bring a complaint to the attention of the Corporation for National and Community Service. If you believe that you or others have been discriminated against, on the basis of race, color, national origin, gender, age, disability the member will be immediately notified in writing of his/her right to file a discrimination complaint with the Guam Department of Labor (GDOL), Fair Employment Practice Office (FEPO). (In general, the member has 180 days after the alleged discrimination to file a complaint with the FEPO Tel. 671-300-4544).

**PRIVACY ACT NOTICE:** The Privacy Act of 1974 (U.S.C § 552a) requires that the following notice provided to you: The authority or collection information from you in this application's 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 or amended. You are advised that submission of the information is entirely voluntary and 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 or other general routine purposes associated with your participation in an AmeriCorps program. This may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized request, to present and former employer, references provided by you in your application, and educational institutions, or the purpose of verifying the information provided by you in your application. In some programs, the information will not otherwise be disclosed to entities outside of AmeriCorps and the Corporation or National and Community Service without your prior written permission.

**CERTIFICATION**

By signing below, I certify that all statements made in this application, including verification of high school diploma or equivalency 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. I understand that any offer to serve is contingent upon the results of the required criminal history checks and proof of my citizenship status and age.

Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Parent or Guardian of Applicants Under 18 Years of Age**

*By signing below, I certify I have reviewed this application, and I authorize my son/daughter/legal ward to apply and, if selected, to participate in AmeriCorps.*

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ Relationship \_\_\_\_\_ DATE: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street Address      City      State      Zip Code

Acknowledged by Program Director/Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CRIMINAL HISTORY CHECK**

Effective April 21, 2011, the National Service Criminal History Check will consist of three parts for individuals who are predicted to have recurring access to a vulnerable population. An FBI check will no longer substitute for the one or two required State repository checks. Additional checks for Guam are Police Clearance, and Drug Testing.

**The NSCHC 3-part criminal history check must include (depending on access to vulnerable population):**

- National Sex Offender registry check (also known as NSOPW)
- State Criminal History Check (Superior Court Clearance)
- FBI Finger Printing

**Additional criminal history checks for Serve Guam Commission and Government of Guam**

- Police Clearance
- Drug Testing

**Answer the following questions fully. Existence of criminal conviction/ adjudication may or may not, depending on the circumstances disqualify your from consideration. However, any intentional misrepresentation or omission will disqualify you. 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 of any offense?  Yes  No      On probation or parole?  Yes  No

If you answered yes to any of the questions above, please provide the following information.

<input type="checkbox"/> Date (Month/Day/Yr):	<input type="checkbox"/> Place (City, State):	<input type="checkbox"/> Zip Code:	<input type="checkbox"/> Charge:	<input type="checkbox"/> Action Taken:
<input type="checkbox"/> Court:	<input type="checkbox"/> Probation	<input type="checkbox"/> Name of Parole Officer:	<input type="checkbox"/> Contact Information:	

\*\*\*\*\*You may attach any additional information or explanation on a separate sheet\*\*\*\*\*

**CONSENT TO CRIMINAL HISTORY CHECK**

By signing below, I authorize and consent to the Serve Guam Commission and AmeriCorps Programs to complete the above mentioned criminal history checks. 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, but could affect my eligibility to serve as an AmeriCorps member. I am aware that I have the right to review the findings. I understand that any offer to serve is contingent upon the results of the required background checks and proof of my citizenship status and age.

Applicant Signature	For Parent or Guardian of Applicants Under 18 Years of Age
PRINT NAME: _____ SIGNATURE: _____ DATE: _____ Address: _____ Street Address      City      State      Zip Code	I hereby affirm that I am the parent/guardian of (Print Name) _____, and I hereby consent Serve Guam Commission and AmeriCorps Program to complete the above mentioned criminal history checks. PRINT NAME: _____ SIGNATURE: _____ DATE: _____ Address: _____ Street Address      City      State      Zip Code

**AMERICORPS PROGRAM VERIFICATION AND CERTIFICATION OF COMPLIANCE**

\_\_\_\_\_ / \_\_\_\_\_  
 PROGRAM DIRECTOR                      SIGNATURE/DATE