

**VIRGINIA COMMONWEALTH UNIVERSITY  
AMERICORPS PROGRAM  
PART-TIME and Reduced PART – TIME APPLICATION**

**What is AmeriCorps?**

AmeriCorps is a national service initiative signed into law in 1993 by President Clinton. Through AmeriCorps, individuals of all ages and backgrounds, address the nation's education, public safety, human and environmental needs through national service. In return, AmeriCorps members receive a small living allowance and an educational award to help finance their college education or vocational training, or to pay their student loans.

While there is not a typical AmeriCorps member, individuals selected for AmeriCorps must demonstrate a commitment to service, a willingness to use their time and abilities to improve the lives of others, and an interest in learning new skills. Through their service, they will bring to life the AmeriCorps ethic of civic responsibility and community here in Richmond.

**What is VCU's AmeriCorps Program?**

In keeping with its urban mission, Virginia Commonwealth University has a strong commitment to serving as a partner with the Richmond, Virginia Community. Through VCU's AmeriCorps Program, members are placed in elementary schools throughout the City of Richmond and Henrico County to provide tutoring and mentoring services to struggling readers in primary grade levels. The members work as teams in elementary school settings and are assigned to specific children and classrooms to carry out specific tasks. General and specific training is provided to all members.

VCU's AmeriCorps Program is a multi-disciplinary effort of the University involving among others, the School of Education, the School of Nursing, the Department of Psychology, and the School of Social Work. The Division of Community Engagement Programs provides administrative oversight for the program.

**Facts about the VCU AmeriCorps Program**

**Term of Service:** Part-time members can serve 675 or 900 hour service terms, or approximately 20-24 hours per week during the AmeriCorps Program year which begins in September and ends in August of the following year.

**Living Allowances:** Reduced Part-time or Part-time members receive \$4,406 or \$5,877 annually for living expenses paid twice monthly. Due to grant requirements all members will be FICA taxable, please do not mark FICA exempt on your tax form.

**Educational Award:** At the completion of 675 or 900 hours of service, part-time members receive either \$1,800 or \$2,362.50. The education award in the form of a voucher may be used to repay outstanding qualified student loans or to pay for all or part of the cost of attending an institution of higher education. The award is taxable. Members may also receive postponement of interest on existing loans during their term of service.

**Eligibility:** Members must be 17 years of age or older and must have either a high school diploma or its equivalent or agree to obtain such a diploma prior to receiving an educational award. If an individual is incapable of obtaining a high school diploma or its equivalent, as a result of a learning disability, this educational requirement may be waived. An AmeriCorps member must also be a citizen or legal permanent resident of the United States.

**Application Deadline:** Complete applications must be :

Applications  
Virginia Commonwealth University  
1103 W. Marshall St., P.O. Box 843034  
Richmond, Virginia 23284-3034

**Note:** Selection of applicants is subject to program refunding with the Corporation for National Service.

For more information: Contact the VCU AmeriCorps Office at (804) 828-8850.

## Part – Time and Reduced Part – Time Application Instructions

This application asks you to describe the skills and the experience you offer to AmeriCorps, as well as the reasons why you hope to be selected. Consider each section carefully and respond to the best of your ability. Think about your role in service activities, membership in community organizations, academic experiences, and personal talents. Take into account everything from your past and present. Your application and personal references help create a full picture of you and what you bring to national service. Make sure that this application accurately reflects all the qualities that make you a good candidate for AmeriCorps. Please type or print legibly.

### Member Profile

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Current Address (Street, Apartment #, City, State, Zip Code) \_\_\_\_\_

Telephone: Home (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_\_) \_\_\_\_\_

Permanent Address (Street, Apartment #, City, State, Zip Code) \_\_\_\_\_

Telephone: Home (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_\_) \_\_\_\_\_

Are you a U.S. Citizen, National, or Permanent Resident Alien? (Circle One) Yes No

Can you make a one year, 20 per week commitment to the AmeriCorps Program? (Circle One)  
Yes No (If no, please explain) \_\_\_\_\_

Do you have any special needs that require accommodations? (Circle One) Yes No  
(If no, please explain) \_\_\_\_\_

If you are a current or anticipating student, have you applied for financial aid for the upcoming academic year? Yes No Does not apply

If yes, were you found eligible? (Circle One) Yes No Don't Know

If you are a current student please indicate the number of academic hours you are planning to enroll in during the Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_ Does not apply \_\_\_\_\_

Do you own a car or have reliable transportation?(Circle One) Yes(car) Yes(reliable transportation) No

### Skill Areas

Indicate those areas in which you have had significant training or experience, including volunteer or community service experience.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Arts                    | <input type="checkbox"/> Mediation/Conflict | <input type="checkbox"/> Youth Work/Coaching       |
| <input type="checkbox"/> Child Care/Development  | <input type="checkbox"/> Resolution         | <input type="checkbox"/> Parenting Skills Training |
| <input type="checkbox"/> Community Outreach      | <input type="checkbox"/> Public Speaking    | <input type="checkbox"/> Other (List)              |
| <input type="checkbox"/> Computers               | <input type="checkbox"/> Recreation         | _____  |
| <input type="checkbox"/> Counseling              | <input type="checkbox"/> Research           | _____  |
| <input type="checkbox"/> Mentoring               | <input type="checkbox"/> Social Services    | _____  |
| <input type="checkbox"/> Health/Health Education | <input type="checkbox"/> Teaching/Tutoring  | _____  |

**Community Service Activities**

List and describe your organizational membership and community service experiences. Include social, school, professional, and neighborhood programs. Include any experiences working with children, youth, and/or families.

Name of Group	Dates of Participation	Description of Activities/Position

**Educational Background (Check all that apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Current Graduate Student | <input type="checkbox"/> Some College Completed   | <input type="checkbox"/> Student               |
| <input type="checkbox"/> College Graduate         | <input type="checkbox"/> Associate Degree         | <input type="checkbox"/> High School Graduate  |
| <input type="checkbox"/> Professional Degree      | <input type="checkbox"/> Technical School Student | <input type="checkbox"/> GED                   |
| <input type="checkbox"/> Current College Student  | <input type="checkbox"/> Current Junior College   | <input type="checkbox"/> Less than High School |

Begin with your current school or most recent and list all schools attended. Include high school, trade/technical schools, college, job corps, etc.

School	Location City/State	Dates Attended Month/Year	Area of Study Major/Minor	Type of Degree Date received or expected

**Employment Record**

Please include any self-employment, home management, volunteer, military service, full or part-time, salaried employment. Start with your current or most recent experience.

1. Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Your duties and responsibilities: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
Your duties and responsibilities: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
Your duties and responsibilities: \_\_\_\_\_

4. Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
Your duties and responsibilities: \_\_\_\_\_

### References

List three individuals not related to you that we may contact as references. We encourage you to list people who know you well such as teachers, employers, guidance counselors, or community members.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
Relation to you: \_\_\_\_\_  
Best time to contact: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
Relation to you: \_\_\_\_\_  
Best time to contact: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
Relation to you: \_\_\_\_\_  
Best time to contact: \_\_\_\_\_

### Personal Statement

On a separate sheet of paper, type or print legibly a 250 word statement explaining why you want to join AmeriCorps and describing your most important skills and/or experiences which will help you contribute to AmeriCorps and the national service movement. Please attach this personal statement to your application.

### Certification

All applications must be signed by the applicant. By signing this application, you are stating that you are at least 17 years of age, that the information provided is true to the best of your knowledge, and you are authorizing us to verify the information provided, including academic status, previous employment, and/or personal references.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_