



**northwestern
settlement**

AMERICORPS PROJECT YES!

The Project YES! Jr. AmeriCorps program provides an opportunity for high school Juniors, Seniors, and college students to become Corps members in order to provide education, mentorship, and service activities to school age children at local non-for-profit organizations in Chicago. Jr. Members will participate and supervise children in the following areas: swimming, field trips, sports, crafts, games, and other fun summer activities.

Here are some of the benefits to becoming a member:

- \$1,200 living stipend (approx. \$240 every two weeks)
- \$1,100 Education Award. This award can ONLY be used towards acceptable college or university tuition
- INVALUABLE Training and Experience

The following are requirements for ALL applicants:

- **MUST** be at least 17 years of age by June 15, 2018
- **MUST** be a US citizen or lawful permanent resident
- **MUST** submit a Project YES! application by the deadline
- **MUST** submit at least one (1) recommendation letter/form (Letter from family/friends will not be accepted)
- **MUST** be in good standing at high school/college/university of attendance

The following are MANDATORY for all accepted applicants:

- **MUST** complete a criminal background check
- **MUST** attend orientation: June 20th – 22nd 9am – 3pm
- **MUST** be able to serve from **JUNE 20th - AUGUST 17th**. The schedule will be Monday - Friday, 9:00am – 5:00pm
- **CANNOT participate in any event that would require you to leave your service early, including but not limited to: summer school, vacations, sports clubs, scholarship meetings, etc.**

APPLICATION Deadline is: FRIDAY, MAY 25, 2018

Please note that positions will be offered on a rolling basis so please return your completed application as soon as possible.

Submit application and required documentation to:

Christy Fresas, Project YES! Program Coordinator

1012 N. Noble St., Chicago, IL 60642

Office: (773) 969-5546 or email at cfresas@nush.org



northwestern
settlement

AMERICORPS PROJECT YES!

Applicant NAME: _____

Date submitted: _____

Jr. AmeriCorps Application Checklist

Please review checklist and make sure you submit the following information in the order below. Attach this checklist to your application.

Completed Application

Project YES! Jr. Application

Parent signature required if you are 17 years old

Project YES! Jr. AmeriCorps Emergency Form

Reference Form

Background Check Information

Criminal History Authorization form: **ONLY sign the bottom of form**

Child Abuse Neglect Tracking System (CANTS) Form completed

If you are 17 years of age parent MUST sign under applicant signature

Attach a copy of government issue ID

We cannot accept a high school or college ID

Example of acceptable ID:

State ID , Driver's License, Passport , or Legal permanent resident card

Use the space below to ask any questions or explain any missing documents:

COMMUNITY SERVICE (Previous service is not a requirement.)

Describe how you have reached out to help others and/or how you have been involved in your own community. Elaborate on why you 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.

How have you been involved in your community?

List your most recent volunteer experience (attach a separate sheet of paper if you need more space):

A. DATES OF INVOLVEMENT: From: _____ to: _____ Hours per month: _____
MONTH / YEAR MONTH / YEAR

Organization Name: _____ Location _____

Description of Involvement: _____

B. DATES OF INVOLVEMENT: From: _____ to: _____ Hours per month: _____
MONTH / YEAR MONTH / YEAR

Organization Name: _____ Location _____

Description of Involvement: _____

Have you previously served in AmeriCorps? NO YES, please list the following information:

PROGRAM NAME: _____

LOCATION: _____ From: _____ To: _____
MONTH / YEAR MONTH / YEAR

Did you complete your term of service? YES NO, why? _____

LEGAL

Answer the following questions fully. Existence of criminal conviction/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. If your answer is yes to any of the questions below, you will be asked to for other documentation regarding the offenses.

Have you ever been convicted, or adjudicated as a juvenile offender, or any criminal offense by either a civilian or military court, other than minor traffic violations? **YES** **NO**

ARE YOU NOW:

- | | | |
|---------------------------------|------------|-----------|
| • Under charge for any offense? | YES | NO |
| • On probation or parole? | YES | NO |

ACKNOWLEDGEMENT OF ACCEPTANCE

By submitting this signed application, I acknowledge and understand that if selected into the program, I am required to fulfil the following :

- Complete a background check (FBI, State, National Sex Offenders, CANT'S)
- Attend orientation June 20th -22nd 9am – 3pm
- Must serve from June 20th – August 17th
- Cannot participate in any event or activity that would require me to leave my service early, including but not limited to summer school, vacations, sports clubs, scholarship meetings, etc.
- Must complete a MINIMUM of 300 hours
- Must complete program timesheets and documentation in a timely manner

CERTIFICATION

Your application must be certified with your original signature in ink.

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 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 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 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 the 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 entitle outside of AmeriCorps and Corporation for National and Community Service without your prior written permission.

SIGNATURE

DATE

FOR PARENTS OR GUARDIAN OF APPLICANTS UNDER 18 YEARS OF AGE:

I have reviewed this application and I authorize my son/daughter/legal ward to apply to PROJECT YES! AMERICORPS.

SIGNATURE

DATE

NAME (Print) _____

RELATIONSHIP: _____

PHONE: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

PROJECT YES! JR. AMERICORPS EMERGENCY INFORMATION

Please print clearly using blue or black ink.

Name: _____ Date: _____
First Name Last Name

Address: _____
Street address City State Zip Code

Home #: _____ Cell #: _____

Date of Birth: _____ Age: _____ T-Shirt size _____
Month/day/year

In case of an emergency, please contact:

Name _____
First Name Last Name Relationship

Home # _____ Work# _____

Cell# _____ Other # _____

Name _____
First Name Last Name Relationship

Home # _____ Work# _____

Cell# _____ Other # _____

The following are dates I will be absent from the program.

- **ACCEPTABLE:** College testing, school orientation, start date for school, health related.
- **NOT ACCEPTABLE:** Vacations, summer school, sports or general clubs, scholarship meetings, other job commitments.

DATE	Reason

Please use the other side if you need to add more dates!

Please rate the applicant in the following areas:

	Poor	Fair	Average	Good	Excellent
1. Participation/Initiative	1	2	3	4	5
2. Attendance	1	2	3	4	5
3. Timeliness in completing projects	1	2	3	4	5
4. Attitude	1	2	3	4	5
5. Communication	1	2	3	4	5
6. Courtesy	1	2	3	4	5
7. Commitment to service	1	2	3	4	5
8. Understanding of expectations	1	2	3	4	5
9. Helpfulness to others	1	2	3	4	5
10. Following directions	1	2	3	4	5

ADDITIONAL COMMENTS: _____

OVERALL RECOMMENDATION:

- I recommend the applicant without reservation as an excellent candidate for Project YES!.
- I recommend the applicant as a good candidate for Project YES!.
- I have some reservations, but I believe the applicant has a reasonable chance of success.
- I have some substantial doubts about the applicant.
- I do not recommend this applicant for Project YES! service program.

CONFIDENTIALITY STATEMENT:

- I AUTHORIZE the program and/or the Corporation for National and Community Service to identify me as the source of this reference and to release a copy of this reference in its entirety upon request to the applicant.
- I DO NOT authorize the program and/or the Corporation for National and Community Service to identify me as the source of this reference and to release a copy of this reference in its entirety upon request to the applicant.

Your signature: _____ Date: _____



Criminal History Authorization Form 2017 – 2018

(All background checks are required and must be completed/initiated before the Member start date)

I hereby authorize Project YES! to conduct the following required criminal history and background checks:

OFFICE USE ONLY

- **FBI fingerprint criminal history record information.**
Date Submitted: ___/___/___ Date Received: ___/___/___
- **Illinois State Police background check.**
Date Submitted: ___/___/___ Date Received: ___/___/___
- **Additional State Police background check**
State listed as permanent address on Member Application: _____
Date Submitted: ___/___/___ Date Received: ___/___/___
- **National Sex Offender Public Registry (NSOPR) (for all states and territories)**
Date Completed: ___/___/___
(Member cannot begin service until the NSOPR is completed in all states and territories)
- **DCFS CANTS check**
Date Submitted: ___/___/___ Date Received: ___/___/___

I understand this information will be used, in part, to determine my eligibility to serve in this program and my selection into the Project YES! AmeriCorps Program is contingent upon a review of the information received. If I dispute the record as received, I understand I will have an opportunity to review the criminal history as received by this agency and provide clarification.

I acknowledge that I have voluntarily provided the above information for selection as an AmeriCorps member and I have read and understand this authorization.

Applicant's Signature

Date

Applicant's Printed Name

State of Illinois
Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: [] -- [] -- [] Gender: Male Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signed _____ Date _____

Submit by mail OR fax OR email.
Mail to: Department of Children and Family Services 406 E. Monroe - Station # 30 Springfield, IL 62701
FAX to: 217-782-3991
Scan/Email to: CFS689Background@illinois.gov

Please type, use bold letters or label:

773.384.5862
mfalcon@nush.org

(Submitting Agency Fax Number)
(Submitting Email Address)

Northwestern University Settlement Association
Monica Falcon, Human Resources Manager
1400 West Augusta Boulevard
Chicago, Illinois 60642

(Agency Name)
(Contact Person)
(Address)
(City/State/Zip)

Print Form