



SERVE GUAM COMMISSION

Revive and Embrace the Spirit of Volunteerism
Na'la'la ta' to yan Akihom I Espiriton I Nina'en Ayuda

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Lourdes A. Leon Guerrero
Governor
Joshua F. Tenorio
Lieutenant Governor

AMERICORPS MEMBER APPLICATION Program Year 2024-2025

AmeriCorps Programs



AmeriCorps
UOG Volunteer Center

[University of Guam]

Charlene Bitlaol Masiwemai
AmeriCorps Program Director

Dr. Gena A. Rojas
AmeriCorps Executive Director



AmeriCorps
Guahan Sustainable Culture
[Oceanic Ascent Education Inc.]

Michelle Crisostomo
AmeriCorps Program Director-Interim
AmeriCorps Executive Director



AmeriCorps
Guahan Academy Charter School
[Guahan Academy Charter School INC.]

Edward Mesa
Program Coordinator

Ann Santiago
AmeriCorps Executive Director

Public Health AmeriCorps



Public Health AmeriCorps Centralized Call Center
(PHAC CCC)

Julia N. Rivera
Public Health AmeriCorps Program Director

Rojuna S. Mafnas
Public Health AmeriCorps Executive Director

[Department of Public Health & Social Services]

Theresa C. Arriola, MBA
Director

PeterJohn D. Camacho, MPH
Deputy Director

Terry G. Aguon
Deputy Director

Serve Guam Commission Team

Doris Aguon, SGC Executive Director

Julie Iriarte, SGC Grants & Certifying Officer

Gwendolyn Aguon, SGC Program Manager of
Performance Measure & Member Management

Tiffany San Nicolas, SGC Admin & Grants Assistant

Peter Barcinas, SGC Board Chairperson

Margrit Atalig, SGC Board Vice-Chairperson



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AmeriCorps, a federal agency, brings people together to tackle the country's most pressing challenges, through national service and volunteering. AmeriCorps members and volunteers serve with organizations dedicated to the improvement of communities. AmeriCorps helps make service to others a cornerstone of our national culture. 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 2,644 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 \$4.5 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 enrolled for a specific term of service with an AmeriCorps program and are engaged in National Service and are not volunteers or employees. Eligible AmeriCorps members 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.

AMERICORPS PROGRAMS

AmeriCorps Guahan Sustainable Culture *Organization: Oceanic Ascent Education, Inc.*
Email: americorps@gusustainable.org

Focus Areas

Environmental Stewardship: Members will be engaging with community beneficiaries in environmental practices and stewardship through educational workshops, meetings, outreaches and other activities that teach different methods of sustainable food production that help reduce negative human and environmental impact including hands-on learning about how to grow and harvest their own food.

Disaster Services: Members will provide education and training to community beneficiaries in disaster services on typhoons, floods, coastal erosions, wild-fires, tsunamis, earthquakes to include pandemic COVID-19. Members will also be deployed to assist and support in any disaster or pandemic needs within the community.

Capacity Building: Members will engage with organizations to recruit, train, and manage volunteers from the community to increase their efficiency and effectiveness in all focus areas.

AmeriCorps Guahan Academy Charter School *Organization: Guahan Academy Charter School INC.*
Email: emesa@guahanacademy.org

Focus Areas

Education: Members will engage with youths K-12th grade to provide mentoring and homework assistance, including mentoring secondary students with the use of value-based leadership curriculum to ensure increased knowledge and improve social and emotional skills needed to reduce disciplinary issues on school campus.

Disaster Services: members will engage with beneficiaries to provide education and trainings on disaster preparedness and recovery workshops on school campus or within the community in partnership with the different government agencies and nonprofit organizations to promote disaster or pandemic awareness and readiness. Members will also be deployed to assist and support in any disaster or pandemic needs within the community.

Capacity Building: Members will engage with nonprofit organizations, other charter schools, GovGuam agencies and/or faith-based organizations to provide assistance in the development and maintenance of their digital marketing. Members will also engage with other agencies in the recruitment of more volunteers to sustain their program objectives.

AmeriCorps UOG Volunteer Center *Organization: University of Guam*
Email: bitlaolc3473@triton.uog.edu

Focus Areas

Education: Members will engage with students grades K-12 through mentorship, workshops, and homework assistance efforts through Tynker and other platform curriculum to promote academic improvement and High School Seniors or Juniors will be mentored in their pursuit of enrollment in a post-secondary degree or certificate program. Members will provide online, in-class note taking and transcriptions with the post-secondary students to monitor their participation in class with their peers to sustain enrollment in a post-secondary institution.

Environmental Stewardship: Members will be tasked with creating a Green campaign that teaches the community about ecofriendly practices and the importance of recycling and upcycling, host training or workshops in the community in person and on a virtual platform or virtualized lesson plan on any of the topics pertinent to the green campaign. Members will also engage in projects to treat and improve public lands or parks with DOAG in an effort to remove invasive plant species or reforest native plant species. Members will create and provide safety social media management material pertinent Department of Agriculture's (DOAG) Forestry and Soil Resources Division Wildfire for the community.

Disaster Services: Members will provide training, workshops, and education in disaster services to demonstrate improvement in disaster prevention, mitigation, response and recovery and pandemic readiness to beneficiaries within the community. In addition, members will be deployed to various site locations to assist in Disaster and pandemic support services.

Capacity Building: Members will facilitate website development and updates as well as social media material that highlight National Service and volunteer efforts within the community. Agencies and non-profit organizations will be assisted in creating a data base that can be used for volunteer recruitment and management tracking system for continued capacity building in all focus areas.

PUBLIC HEALTH AMERICORPS

Public Health AmeriCorps Centralized Call Center *Organization: Department of Public Health and Social Services*
Email: julia.rivera@americorps.guam.gov

Focus Areas

Healthy Futures:

- Assisting Department of Public Health & Social Services (DPHSS) at site locations and outreaches to educate the island's community of the various programs and services administered by DPHSS such as COVID-19 prevention, awareness, assist community and hard-to-reach individuals with navigation to access medical care that will improve their overall health and well-being.
- Establishment of a Centralized Call Center where members provide support services to community and hard-to-reach population that would allow them to increase their health knowledge and improve access to medical care or social services program that would ultimately lead to a healthier island community.
- Trainings and hands-on exposure by engaging side by side with each DPHSS division to provide unmet need to the community in the hopes of inspiring members and volunteers to consider or pursue public health field employees expanding the department's workforce with knowledge and skilled individuals.

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 Serve Guam Commission or AmeriCorps Program you are applying to. If you are applying to more than one program, please complete an application for each program but you may only be enrolled in one program.

Individuals may also apply via online at my.americorps.gov (highly recommended)

CLICK "SEARCH LISTINGS" - search the AmeriCorps program that is right for you (See list of AmeriCorps programs below)

CREATE YOUR PROFILE - input information to complete your profiles, verify your email and start applying. We will need your social security # to verify your eligibility.

FILL OUT YOUR APPLICATION - application asks for personal info, skills, references and statements. Don't know your zip code extension, just enter "0000". You can use the same application for up to 10 listings but you will only be selected for one program. Applying to some listing my redirect you to the organization's external website, don't fret!

SUBMIT YOUR APPLICATION - Now that you've filled out your application, return to the listing your interested in and submit. You will receive an email confirmation when you successfully apply. Make sure you submit your application to each of the program your are interested in.

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

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? (Certain restrictions apply to various programs.)

(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](#). see page 9

(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 AmeriCorps 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>).

Required documents upon screening interview

<i>Copy of Proof of Citizenship & age (one of the following below):</i>	<i>Must submit the following documents:</i>
Copy of U.S. Passport; or	Copy of Social Security Card (for verification in the social security online eGrants federal system)
Copy of U.S. Birth Certificate (w/ valid state-issued DL or ID); or	Copy of High School Diploma, GED, or transcripts in order to use the Segal AmeriCorps Education Award; or
Copy of valid Lawful Permanent Resident Card/Green Card	Agreed to obtain a HS Diploma or GED before using ed award

SELECT YOUR AMERICORPS PROGRAM SERVICE AREA: Check one only

AmeriCorps University of Guam	Public Health AmeriCorps Centralized Call Center
AmeriCorps Guahan Sustainable Culture	
AmeriCorps Guahan Academy Charter School	

INDICATE WHICH VILLAGE YOU ARE FROM:

NORTH	NORTH-CENTRAL	CENTRAL		SOUTH	
Yigo	Mangilao	Mongmong-Toto-Maite	Sinajana	Piti	Yona
Dededo	Barrigada	Hagatna	Agana Heights	Santa Rita	Talofoyo
	Tamuning-Tumon-Harmon	Chalan Pago-Ordot	Asan-Maina	Agat	Inarajan
				Umatac	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 or continue on last page and limit your response to no more than 500 words.

PERSONAL PROFILE (Please follow name as it is written on ID used)

1.	NAME: _____ _____ _____ LAST FIRST MIDDLE
2.	Date of Birth: _____ Input Last 4 Digits of Social Security Number: _____
3.	Citizenship Status: AmeriCorps members must be a United States citizen, U.S. national or lawful permanent resident. <input type="checkbox"/> I am a U.S. Citizen or National <input type="checkbox"/> 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, and not for evidence of work visa (if you are not a US citizen or permanent resident) NOTE: A student visa or military ID does not confer US citizenship/national eligibility to enroll in an AmeriCorps program.
4.	School Status: <input type="checkbox"/> I have received a high school diploma or its equivalent (attach any of the following: diploma/GED/College transcript); or <input type="checkbox"/> 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 (2 Full-Time or 4 Half-Time Term Limit). 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 Please initial that you understand this limitation. _____
5.	Current Address (All information will be sent to you at this address until you notify the Program and/or SGC of a change of address) _____ Apt. or House Number Street City State Zip Code Email Address _____ Home Phone _____ (<i>email address must be active and will be used for registration into the AmeriCorps portal, and all correspondences pertaining to AmeriCorps</i>) Cell Phone _____ Alternative Phone _____ Ext _____
6.	Alternate Contact Person (Name and address of person through whom you can always be reached at during or after exiting from the program) Name _____ Relationship _____ _____ Apt. or House Number Street City State Zip Code Email Address _____ / Contact Number _____
7.	Have you previously enrolled in an AmeriCorps Program? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, how many times? _____ Please indicate previous AmeriCorps Program name: _____ Program Year: _____ Please attach referral letter from previous AmeriCorps program.
8.	Have you ever been released "for cause" by an AmeriCorps Program? <input type="checkbox"/> YES <input type="checkbox"/> NO

LIST THREE (3) REFERENCES : References may be contacted to verify information

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	To			
		Mo./Yr.	Mo./Yr.			

LIST COMMUNITY SERVICE

SERVE GUAM COMMISSION VOLUNTEER RECRUITMENT REQUIREMENT:

- ⇒ It is mandatory for AmeriCorps members to recruit (2) two new Community Volunteers a month 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 Serve Guam Commission Reporting System (SGCRS) for **CAPACITY BUILDING** 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:

From (MM/YY): _____
To (MM/YY): _____
Hours Per Month: _____

Organization Name: _____
Address/Email: _____
Phone/Cell: _____
Contact Person: _____

Description of Involvement:

DATES OF INVOLVEMENT:

From (MM/YY): _____
To (MM/YY): _____
Hours Per Month: _____

Organization Name: _____
Address/Email: _____
Phone/Cell: _____
Contact Person: _____

Description of Involvement:

DATES OF INVOLVEMENT:

From (MM/YY): _____
To (MM/YY): _____
Hours Per Month: _____

Organization Name: _____
Address/Email: _____
Phone/Cell: _____
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 contain all of the required information under the employment section of this application.)

A.

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

B.

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

C.

Present or Last Employer/Organization:	<u>Dates</u>	Duties:	
	From (MM/YY):		
	To (MM/YY):		
	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

APPLICANT PRINT NAME:

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.

SIGNATURE:

GUARDIAN PRINT NAME: _____

DATE:

GUARDIAN SIGNATURE: _____ DATE: _____

NON-DISCRIMINATION PUBLIC NOTICE AND RECORDS COMPLIANCE:

It is against the law for organizations that receive federal financial assistance from AmeriCorps to discriminate on the basis of race, color, national origin, gender, age, religion, sexual orientation, disability, gender identity or expression, political affiliation, marital or parental status, genetic information and military service. 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 AmeriCorps agency. 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). Individuals with disabilities are encouraged to apply.

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. The information may be shared with other agencies, such as the Social Security Administration, through computer matching agreements for the purpose of verifying identity and citizenship status information provided by you in your application. The information may also be provided to appropriate federal agencies and Department contractors that have a need to know the information for the purpose of assisting the Department's efforts to respond to a suspected or confirmed breach of the security or confidentiality or information maintained in this system of records, and the information disclosed is relevant and unnecessary for the assistance. The information will not otherwise be disclosed to entities outside of AmeriCorps and AmeriCorps without prior written permission.

CERTIFICATION OF APPLICANT

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 am the legal guardian and have reviewed this application, and authorize my son/daughter/legal ward to apply and/or participate in AmeriCorps.

PRINT NAME: _____ SIGNATURE: _____ Relationship _____

Date: _____ CONTACT INFO: Phone _____ Email _____

AMERICORPS PROGRAM VERIFICATION OF APPLICATION

By signing below, the AmeriCorps Program Director or certifying official, has reviewed the application, verified the information and all supporting documentation provided with application.

PROGRAM DIRECTOR /CERTIFYING OFFICIAL PRINT NAME

SIGNATURE

DATE

CRIMINAL HISTORY CHECK

The National Service Criminal History Check (NSCHC) is a screening procedure established by law to protect the beneficiaries of national service. The requirements apply to individuals who is or will be receiving a salary, stipend, living allowance, or education award on an AmeriCorps grant. The National Service Criminal History Check consists of three parts and two Serve Guam Commission criminal history checks.

The CHC 5-part criminal history checks:

- National Sex Offender Public Registry check (also known as NSOPW)
- State Criminal History Check—State of Service and State of Residence (Superior Court Clearance)
- FBI Fingerprint-base check
- Guam Police Clearance
- Drug Testing

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.

Have you ever been convicted of any criminal offense by either a civilian or Military court, including adjudicated as a juvenile offender, 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.

Date (Month/Day/Year):	Place (City, State):	Zip Code:	Charge:	Action Taken:
Court::	Probation:	Name of Parole Officer:	Contact Information:	

*****You may attach any additional information or explanation on a separate sheet or use last page of this application*****

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 5-part criminal history checks. I am aware that my identity must be verified with a state/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.

Certification of Applicant

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

ADDRESS: _____

Street Address
City
State
Zip Code

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

NOTICE—REQUIRED FOR A MINOR TO OBTAIN A POLICE & COURT CLEARANCE: Upon selection and notification for a Police & Court Clearance Criminal History Check, it is the policy of the Guam Police Department (GPD) and Superior Court of Guam that all applicants under 18 years of age requesting to obtain clearances must be present with the Parent or Guardian that is indicated on the Birth Certificate or Legal Guardianship document. Both Parent/Guardian listed on document, and Minor applicant must bring supporting legal document and have a valid government Photo ID prior to obtaining a Police & Court Clearance.

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 5 part criminal history checks. Relationship to minor: _____

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

ADDRESS: _____

Street Address
City
State
Zip Code

AMERICORPS PROGRAM VERIFICATION AND CERTIFICATION OF COMPLIANCE

PROGRAM DIRECTOR OR CERTIFYING OFFICIAL PRINT NAME

SIGNATURE

DATE

(ATTACHMENT TO NSCHC DOCUMENTATION CHECKLIST)

NOTES/COMMENTS: