Citizenship or Lawful Permanent Resident Eligibility

To be eligible for the WSC AmeriCorps program a member must be a citizen, national, or lawful permanent resident of the United States.

- The member must provide a copy of their proof of citizenship or documentation showing that they are a lawful permanent resident.
- Please refer to the list below for the documents that may be used:

<table>
<thead>
<tr>
<th>Proof of Citizenship</th>
<th>Lawful Permanent Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A United States passport;</td>
<td>• Permanent Resident Card, INS Form I-551;</td>
</tr>
<tr>
<td>• An Enhanced Washington State Driver License or ID card</td>
<td>• Alien Registration Receipt Card, INS Form I-551;</td>
</tr>
<tr>
<td>• A birth certificate showing that the individual was born in one of the 50 states,</td>
<td>• A passport indicating that the INS has approved it as temporary evidence of lawful</td>
</tr>
<tr>
<td>the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American</td>
<td>admission for permanent residence; or</td>
</tr>
<tr>
<td>Samoa, or the Northern Marianas Islands;</td>
<td>• A Departure Record (INS Form I-94) indicating that the INS has approved it as</td>
</tr>
<tr>
<td>• A report of birth abroad of a U.S. Citizen (FS-240) issued by the U.S. State</td>
<td>temporary evidence of lawful admission for permanent residence.</td>
</tr>
<tr>
<td>Department;</td>
<td></td>
</tr>
<tr>
<td>• A certificate of birth – foreign service (FS-545) issued by the U.S. State Dept.;</td>
<td></td>
</tr>
<tr>
<td>• A certificate of report of birth (DS –1350) issued by the U.S. State Dept.;</td>
<td></td>
</tr>
<tr>
<td>• A certificate of naturalization (Form N-550 or N-570) issued by the U.S. Immigration and Naturalization Service; or</td>
<td></td>
</tr>
<tr>
<td>• A certificate of U.S. citizenship (Form N-560 or N-561) issued by the U.S.</td>
<td></td>
</tr>
<tr>
<td>Immigration and Naturalization Service.</td>
<td></td>
</tr>
</tbody>
</table>
**Government Issued Photo Identification**

A government issued photo identification card must be used to verify the identity of the member.

- A copy of the photo identification must be obtained from the member and submitted to WSC.

Examples of acceptable documents include the following:

- U.S. Passport; (a copy of the passport may also be used to verify the member’s citizenship)
- State Driver License;
- State issued Identification Card;
- Permanent Resident Card,(INS Form I-551); or
- U.S. Military Identification Card

**Criminal History Background Checks**

For instructions on completing background checks click here.

**On-Payroll Form**

The original completed On-Payroll form must be submitted to the WSC.

**Member Information:**

- Member’s Legal Name and Date of Birth: Enter the member’s legal name as it appears on their Government issued identification.
- Enter the Member’s Social Security Number, Phone Number and Gender.
- Member’s Mailing Address. Enter the Member’s address and include the Zip Code +4 (For the zip +4 use Zip Code Lookup). **Note:** Member’s direct deposit statements or stipend checks will be mailed to this address so include their local mailing address. If they do not have a local address established use the project site’s address.
- Enter the start and end dates of the member’s service, the county in which they will be serving in and their State of Residence at the time they applied for the position.
- If the individual was a member of a WSC or WRC program during PY 2013-14, check yes, and enter the name of the sponsoring organization where they served. If not, then check no.
**Project Information:**

- **Sponsoring Organization:** Enter the full name of the project’s sponsoring organization.
- If your sponsoring organization and/or member placement site is a K-12 school please mark yes and enter your NCES school ID number.
- **Agency Mailing Address:** Enter the full mailing address including city, state, and zip +4 for the sponsoring organization (For the zip +4 use Zip Code Lookup).
- Enter the Project Supervisor’s Name, Phone Number and Email Address where they can be reached.

**Member Placement Information:**

- If the Member Service Site physical address is the same as the Project Site mailing address, then check the box and skip the service site name and address fields.
- **Member service site:** Enter the name of the member’s primary service/host site.
- **Member service site address:** Enter the street address of the member’s primary service/host site including the zip code +4 (For the zip +4 use Zip Code Lookup).
- **Site Supervisor Name/Phone:** Enter the full name of the service site supervisor and the area code and phone number where they can be reached.

**Health Insurance Form**

The Health Insurance form is important in determining a member’s need for WSC health insurance. The member must carefully review, complete and sign the form. The original, signed form must be submitted to WSC.

- If the member does not have health insurance coverage, they will need to check the box accepting WSC health insurance coverage.
- If the member is covered by a health insurance plan that meets the minimum standards required by CNCS they will need to check the box declining WSC medical coverage. **In addition, they must provide a copy of their health insurance ID card with the enrollment documents.**
- The member must sign and date the form.

**Change in Health Insurance Coverage:**

- If during their term of service the member loses their health insurance coverage, they will need to complete the form accepting the WSC coverage.
  - **Or**
- If the member gains health insurance coverage during their term of service, they will need to complete the form declining WSC coverage.
W-4 Form

The member must complete and sign the W-4 form. The original signed form must be submitted to the WSC.

- Must use the W-4 form for the current calendar year.
- If the member claims “exempt” in Number 7, then leave Number 5 blank.
- If the member claims “exempt” the exemption will expire on February 15th. To continue claiming exempt status during the term of service, a new W-4 form must be received by WSC no later than February 15.
- If the member wants advice on filling out the tax forms, refer them to the IRS for assistance. Members can call the IRS hotline number at: 1-800-829-1040 Monday – Friday, 7:00 a.m. – 7:00 p.m. or go to the IRS website for more information.

Social Security Card

A copy of the member’s signed Social Security card must be submitted to WSC.

- If the member needs a new social security card, the Social Security website provides information on how to obtain one.
- The Social Security Office Locator may be used to find an office near the member.
- If the member does not have a card, they can provide a copy of the Social Security verification letter. The verification letter, issued by the Social Security Office, must include the member’s name and Social Security number.
- A copy of the signed card must be submitted to WSC within 30 days of enrollment to replace the verification letter.

Electronic Funds Transfer Form (EFT)

The Electronic Funds Transfer (EFT) request form is completed by the member. The original, completed, and signed form is submitted to WSC.

- The member completes the upper part of the form, signs and dates it.
- If the member would like funds deposited into their checking account they need to attach a voided check.
- If the member would like funds deposited into their savings account they need to attach a deposit slip.
- If the member does not have a voided check or a savings account deposit slip they need to have an authorized representative of the financial institution complete the account information on the EFT request form and sign it.
• The original, complete EFT request form must be received by WSC within 30 days of enrollment.

Requesting an Exception:

If establishing an EFT will cause an unusual hardship for the member, they may request an exception.

• To request an exception, the member must provide a written explanation, along with any required documentation, to WSC within 30 days of enrollment.

National Service Trust Enrollment Form

The member completes and signs the National Service Trust Enrollment form. The original, signed form is submitted to WSC.

• The member must complete PART 1 of the enrollment form, including:
  1. Member’s name
  2. Date of Birth
  3. Social Security Number
  4. Citizenship status
  5. School status
  6. Current Address
  7. Permanent Address
  8. Have you previously enrolled in an AmeriCorps program?
  9. Have you ever been released for cause?

• The member must sign and date PART 2 “Member Enrollment Certification”.

• Member also completes PART 3 of the form.

AmeriCorps Application

Online Application:

• Applying online is the preferred method using MyAmeriCorps.

• When the AmeriCorps application is completed online, a copy must be printed out and submitted to WSC.

Paper Application:

• If an individual is not able to apply online, they may complete the official AmeriCorps Application found at: AmeriCorps Application. The original completed application is submitted to WSC.

• When using the paper application form, the applicant must sign the Certification page, which must be submitted along with the application to WSC.
• A parent or guardian is required to sign the Certification page when the applicant is under the age of 18. The original, signed Certification page must be submitted to WSC with the completed application, electronic or paper.

References:

• An applicant is required to provide two references with their AmeriCorps Application. This may be done online, using the hard copy reference form from the application, or references may be obtained in letter form or through documented telephone interviews. All elements of the reference forms need to be addressed.

• Whichever method used to obtain the references, two printed references must be sent to WSC with the enrollment documents.

**Member Service Agreement**

Ensure that the member has read and understands the Member Service Agreement prior to signing it.

• The Project Supervisor and member must sign the Signature page. If the member is less than 18 years of age on the date service begins, their parent or guardian must also sign the form.

• Provide the member with a copy of the entire Member Service Agreement, including the signature page.

• Keep a copy of the Member Service Agreement at the project site, accessible for review.

• Submit the original signed and dated Signature page to WSC with enrollment documents.

**Member Position Description**

Complete a position description for each specific AmeriCorps position using the WSC position description form. This form is a standalone document that will be used throughout the program year. It is a dynamic tool critical to ensuring that the organization, member, and WSC staff are clear about the member’s duties, place of service and specific time schedule. Each section of the position description must be completed with specific details.

AmeriCorps members are not employees; use language appropriate for a service member position. Members do not “work,” they “serve”, and they are not at “jobs” they are in “service positions”. Do not use the words “advocate” or “advocacy” and do not use the phrase “and other duties as assigned”. The duties and responsibilities listed in the position description must be allowable (review prohibited activities here) and align with the member activities listed in your project. A member’s duties may not change during the service year without prior approval of the WSC Program Coordinator.

The completed position description form must be reviewed by the member and their supervisor. Submit the completed form with the member’s enrollment packet to the WSC.

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If changes are made to the position after the member has started service, an amended position description form must be filled out, signed and sent to your WSC Program Coordinator.

For instructions on completing a position description form, see below. Follow the guidelines for each section of the position description form. Provide detailed information about the specific position and complete all sections.

- **Position alignment to organization’s mission:** describe your organization’s mission and how the AmeriCorps project supports this mission.

- **AmeriCorps Project Description:** describe the specific project the member is supporting. Include information about specific programs or events that relate to the member’s position.

- **Member Key Essential Functions of the Position:** describe the essential duties that the member must be able to perform, with or without accommodations. In general, the performance of these functions is the main reason the position exists.

- **Member Additional Duties and Responsibilities:** describe additional duties and general responsibilities that the member is expected to perform or could perform in the service term. Include the site’s minimum expectations of the position. Note: Members are not allowed to perform administrative duties that support general organizational goals.

- **Performance Measure Expected Output(s) and Outcome(s):** List the expected output(s) and outcome(s) for this position for the program year. Describe how the member will support the project’s performance measures as approved by the WSC. This section would be good to list out the tools the member will be using to capture the performance measure data.

- **Volunteer Management:** For the individual placement program, this paragraph has been prefilled by WSC and cannot be changed unless approved by WSC Program Coordinator. For team-based programs, please describe the member’s volunteer management activities and how they will ensure that volunteer activities are allowable and not prohibited.

- **Qualifications required for this position:** list the minimum skills, trainings, academic qualifications, experience and/or abilities required for the position. These items must be consistent with the recruitment notice.

- **Location and Hours of Service:** complete the table. Include the usual start and end time, the expected location of service and its physical address, and the typical number of hours each day. The service hours must total 40 hours a week. Any changes to this section during the term of service will require an amended position description form submitted to WSC. Remember that reportable hours do not include meal breaks or commute time. Follow the example below:

<table>
<thead>
<tr>
<th>Day of Week</th>
<th>Start Time</th>
<th>Length of Meal Break</th>
<th>End Time</th>
<th>Name of service location and physical address</th>
<th>Hours per day*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>9 am</td>
<td>60 min</td>
<td>6 pm</td>
<td>Hoover Elementary School 2010 Main St., Shelton, WA 98584</td>
<td>8</td>
</tr>
</tbody>
</table>
- **Supervision**: IP programs: list the name of the project supervisor and the backup supervisor. For team-based programs: describe the roles of the project supervisor, the site supervisor or technical advisor as they relate to the member. The project supervisor is the individual responsible for the oversight of members in all aspects of their service if there is no site supervisor. A site supervisor is responsible for daily supervision of the member at the placement site. A technical advisor is a staff person at a placement site who provides technical assistance/advice to the member, works as a co-worker, or acts as an emergency or “go-to” contact for the member. A technical advisor does not serve in a supervisory role for the member.

- **Required WSC Training**: Prefilled by WSC. Do not alter.

- **Required Site Training**: List two site-specific trainings that your organization will provide the AmeriCorps member that is related to the member’s service duties.

- **Required WSC Reporting**: IP Programs: Prefilled by Washington Service Corps. Do not alter. Team-based programs: define and describe any reports or data collection that the member is responsible for or will be supporting.

- **Service Conditions**: Describe the service conditions (e.g. environmental, service site, contact with others). Identify the degree of physical, mental, and intellectual demands of the position. List the types of tools, equipment, and aids that are used in the position.

[Click here to access the initial Individual Placement/Special Programs Member Position Description form.](#)

[Click here to access the initial Teams Member Position Description form.](#)

[Click here to access the initial Washington Reading Corps Member Position Description form.](#)