National Service Trust Enrollment Form

Corporation for NATIONAL & COMMUNITY SERVICE

Completion of this form is required to enroll a serving member in the National Service Trust, making the member eligible for an education award upon successful completion of his or her term of service. It also provides the Corporation for National and Community Service with basic demographic data.

PART 1 Member: Please Complete and Sign

1. **Name** _____ _____ _____
   Last First MI

2. **Date of Birth** _____ _____ _____ **3. Social Security Number** _____
   Month Day Year

4. **Citizenship Status** ☐ I am a U.S. Citizen or National * ☐ I am a Lawful Permanent Resident Alien of the United States **

*Citizens of the US include persons born in Puerto Rico, Guam, the US Virgin Islands, and the Northern Mariana Islands. Nationals of the US include persons born in America Samoa, including Swains Island.

**Generally, you are a Lawful Permanent Resident Alien of the US if you are a US permanent resident with (i) a Permanent Resident Card, INS Form I-551; (ii) an Alien Registration Receipt Card, INS Form I-551, (iii) a passport indicating that the INS has approved it 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 residence. NOTE: A student visa does not confer eligibility to enroll in an AmeriCorps program.

5. **School Status** ☐ I have received a high school diploma or its equivalent

   ☐ 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.

6. **Current Address** (All information will be sent to you at this address until you notify the Corporation of a change of address.)

   Number and Street _____

   City _____ State _____ Zip Code _____ _____

   Email Address _____

   Home Phone _____ Business Phone _____ Ext _____

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

   Last _____ First _____ MI _____

   Number and Street _____

   City _____ State _____ Zip Code _____ _____

   Email Address _____

   Home Phone _____ Business Phone _____ Ext _____

8. Have you previously enrolled in an AmeriCorps, Silver Scholar, or Serve America Fellow Program? No ☐ Yes ☐ How many times?

9. Have you ever been released 'for cause' by any AmeriCorps, Silver Scholar, or Serve America Fellow program? No ☐ Yes ☐.

10. **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 a part of an education award, or no education award, pursuant to 45 CFR § 2526.55

PART 2 Member Enrollment Certification

By signing this enrollment form I agree, if asked, to provide documentation to verify the accuracy of the information I have provided in this form. I understand that a knowing and willful false statement on this form can be punished by one or more of the following: a fine or imprisonment or both under Section 1001 of Title 18, U.S.C., exclusion from participation in federal programs, and forfeiture of benefits I may receive as a result of my enrollment or other actions authorized by the Civil Fraud Remedies Act, 31 USC 3801-3812.

Member's Signature _____ **Date** _____

PART 3 Member: Please Answer the Following Questions

1. **What is your gender?**

☐ Female ☐ Male

2. **Are you registered to vote?**

☐ Yes
☐ No
☐ Not sure
☐ Not eligible
☐ Prefer not to respond

3. **Which of the following categories best describes your racial (mark one or more) or ethnic origins (mark one)**

A. Race

☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☐ White
☐ Asian
☐ Other

B. Ethnicity

☐ Hispanic or Latina/o
☐ Not Hispanic or Latina/o

4. **What is the highest level of education you have completed?**

☐ Less than high school completed
☐ GED
☐ High school graduate
☐ Technical school/apprenticeship/vocational
☐ Some college
☐ Associates degree (AA)
☐ College graduate
☐ Some graduate school
☐ Graduate degree
☐ Professional degree (medical, law)

5. **Are you a veteran of the United States Armed Forces?**

☐ Yes ☐ No

6. **What are the two most important reasons why you decided to join this program?**

☐ To get an education award
☐ To help other people/perform a community service
☐ To be part of a national movement
☐ To get a job/earn money
☐ Friends have joined
☐ To make friends
☐ To learn about or work with different ethnic/cultural groups
☐ Parents/teachers wanted me to join
☐ To explore future job/education interests
☐ To get involved in health issues
☐ To get involved in education issues
☐ To get involved in environment issues
☐ To get involved in public safety issues
☐ Other (Specify: _____)

7. **How did you hear about this program? (Mark all that apply.)**

☐ Article
☐ Advertisement in a newspaper/magazine
☐ Guidance counselor/teacher
☐ Parent/relative
☐ Current or former AmeriCorps Member
☐ Friend told me/friend applied
☐ TV commercial
☐ Radio commercial
☐ The internet
☐ AmeriCorps recruiter/representative
☐ Received information in the mail
☐ AmeriCorps program poster
☐ Other (Specify: _____)

8. **Privacy Act Information Release**

☐ Yes, I give the Corporation for National and Community Service permission to release my name, address, email and telephone number to the AmeriCorps Alumni Association.

Public reporting burden -- Estimated time to complete this form, including time for reviewing instructions and gathering and providing the information needed to complete the form, is 3 minutes for the Member section and 4 minutes for the Certifying Official section. Send comments regarding this burden or the content of this form to: Corporation for National and Community Service, National Service Trust, 1201 New York Avenue, NW, Washington, DC 20525. The Corporation informs the potential persons who are to respond to this collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number on this page of the form (see 5CFR 1320.5(b)(2)(1))

Privacy Statement -- In compliance with the Privacy Act of 1974, the following information is provided: The collection of this information is authorized by the provisions of the National and Community Service Act of 1990, by the National and Community Service Trust Act of 1993, and the Serve America Act of 2009. The primary purpose of the information is to obtain from AmeriCorps program representatives their data to successfully enroll a member in a term of service and the education award program. The evaluative information will help the Corporation improve its programming and services to members. Information may also be provided to federal, state, and local agencies for law enforcement purposes. Information will not otherwise be disclosed outside the Corporation without written permission. The Internal Revenue Service has determined that the education award is taxable in the year it is used. Your Social Security Number (SSN) is solicited under the authority of the Internal revenue Code (28 U.S.C. 6011© and 6109) for use as a taxpayer identification number. Failure to disclose the SSN or any other information may result in a denial of your receiving an education award or it may delay the processing of your education award. In furtherance of the Corporation's efforts to ensure that the programs are inclusive of persons with disabilities, your Social Security Number may be released to the Social Security Administration to measure aggregate statistical data on the number of AmeriCorps members receiving disability-based benefits. If you do not wish your personal information to be included in this research, mark "prefer not to respond" under question 6.

OMB Approval No.3045-0006

PART4 Enrollment Certifying Official: Please Complete and Sign

1. **Type of Enrollment** (Mark only one.)
   - ☐ Full-time (1700 hours per year or 365 days for VISTA)
   - ☐ Half-time (900 hours in up to 2 years)
   - ☐ Reduced half-time 675 hours
   - ☐ Quarter time 450 hours
   - ☐ Minimum time/Summer 300 hours

2. **Is the member enrolling in an education award only position (i.e. received no Corporation-funded living allowance or benefits)?**
   - ☐ Yes
   - ☐ No

3. **Will the member receive a living allowance?**
   - ☐ Yes
   - ☐ No

4. **Award**
   award amount: _____

5. **Type of Program**
   - ☐ AmeriCorps National Direct
   - ☐ AmeriCorps State
   - ☐ AmeriCorps Tribe
   - ☐ AmeriCorps Territory
   - ☐ AmeriCorps National Civilian Community Corps
   - ☐ AmeriCorps Education Award Program
   - ☐ AmeriCorps Serve America Fellows
   - ☐ AmeriCorps America Reads
   - ☐ AmeriCorps Governor's Initiative
   - ☐ AmeriCorps VISTA
   - ☐ Silver Scholars
   - ☐ Other (Specify):

6. **Program Information**

Name of Program or AmeriCorps NCCC Campus _____

Operating Site I.D. Number _____

Number and Street _____

City _____ State _____ Zip Code _____ _____

Business Phone _____ Ext _____

I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001of Title 18. U.S.C or other actions authorized by the Civil Fraud Remedies Act, 31 USC 3801-3812.

Signature of Certifying Official _____ **Date** _____

Name of Certifying Official (Please Print): _____