



## AmeriCorps Member Application

Please complete the following application.

### Personal Profile

First Name

Last Name \*

#### **Current Address**

*All information will be sent to this address unless you notify us of a change.*

Address 1 \*

Address 2

City \*

State \*

Zip Code \*

Home Phone \*

Cell Phone: \*

Email Address \*

**Are you moving within the next 6 months? \***

Yes      No

If yes, when: \*

#### **Permanent Address** *(if different than above)*

*Please give the name and address of a person through whom you can always be reached.*

First Name \*

Last Name \*

Relationship \*

Street Address \*

Address Line 2

City \*

State \*

Zip Code \*

Phone Number \*

Email Address \*

### Member Eligibility

**AmeriCorps members must be a United States citizen, U.S. National or Lawful Permanent Resident. Are you a United States citizen, national, or lawful permanent resident alien? \***

Yes      No

If you are a lawful permanent resident alien and you received your card after January 1987, what is your registration number?

What is your card expiration date?

Date of Birth \*

Social Security Number \*

### Availability

**Do you have a particular Reservation location (county) in which you are interested serving? \***

Yes      No

If yes, please provide the county within the Reservation in which you would prefer to serve:

**Please indicate your date of availability to begin work.\***