



National Service Trust Enrollment Form



Completing this form enrolls an AmeriCorps member in the National Service Trust, which makes the member eligible for a Segal AmeriCorps Education Award upon successful completion of his or her term of service. It also provides the Corporation for National and Community Service (CNCS) with basic demographic data. This form may be filled out on paper or electronically.

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 **
 I am an Asylee ***

*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, USCIS Form I-551; (ii) an Alien Registration Receipt Card, USCIS Form I-551, (iii) a passport indicating that the USCIS has approved it as temporary evidence of lawful admission for permanent residence; or (iv) a form I-94 indicating that the USCIS has approved it as temporary evidence of lawful admission for permanent residence. NOTE: A student visa does not confer resident status.

*** You are an asylee if you have a Form I-94 with asylum granted stamp; form I-766 with Category "A5", "A5", or "A-5"; or an Order of the Immigration Judge granting asylum.

5. School Status

What is the highest level of education you have completed?

- Less than high school
- High school diploma/GED
- Technical school/apprenticeship/vocational
- Some college
- Associates degree (AA)
- College graduate
- Graduate degree (e.g. MA, PhD, MD, JD)

If you do not have a high school diploma or its equivalent:

- I agree to obtain a high school diploma or its equivalent, and I did not drop out of elementary school or secondary school to enroll in the program.
- I am exempt from the requirement to have a high school diploma, due to:

If you have some college, list the most recent school you attended:

If you have an Associate's degree, list the school from which you received your degree:

If you have a Bachelor's degree, list the school from which you received your degree:

If you have a Graduate degree, choose the school from which you received your degree:

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

Number and Street _____
City _____ State _____ Zip Code _____
Email Address _____
Home Phone _____ Business Phone _____ Ext _____
 Check here if permanent address is same as current address

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 If yes, how many times: _____

9. Have you ever been terminated/released for cause by any AmeriCorps, Silver Scholar, or Serve America Fellow program?

No Yes

10. Segal AmeriCorps Education Award Limitations. I understand that I may not receive more than the aggregate value of two full-time Segal AmeriCorps Education Awards and that upon successful completion of the term of service, I will receive only that portion of the Segal Education Award for which I am eligible, which may be all or a part of a Segal AmeriCorps Education Award, or no Segal AmeriCorps Education Award, pursuant to (45 CFR § 2526.55.)

No Yes

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 (18 U.S.C. § 11), 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 U.S.C. §§ 381-3812.)

Member's Signature _____ **Date** _____

PART 3**Member: Please Answer the Following Questions**

CNCS gathers information about sex, race, ethnicity, and other demographic information to ensure the agency has the most complete and inclusive data on national service participants. This information is confidential and will solely be used for data analysis to assist us in ensuring we serve all Americans equally. The information you provide will not be used in any way to determine or affect any federal benefit. Your responses are required in order to be enrolled as an AmeriCorps member, but will be kept confidential.

1. What is your gender?

- Female Male

2. Are you registered to vote?

- Yes No
 Not Sure Not Eligible

3. Which of the following categories best describes your racial origin? (check all that apply)

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

4. Which of the following best describes your ethnic origin?

- Hispanic or Latina/o Not Hispanic or Latina/o

5. What is your military, veteran, or family member status? (check all that apply)

Note: All honorably discharged veterans qualify for nomination for the Presidents Volunteer Service Award.

- I am a Veteran
 I am an Active Duty Member of the U.S. Armed Forces
 I am a member of the National Guard or Reserve Component
 I am an immediate family member of a Veteran
 I am an immediate family member of an Active Duty Member of the U.S. Armed Forces
 I am an immediate family member of a National Guard Member or Reservist
 I am not in the military, a veteran, or a family member of someone in the US. Armed Forces

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

- Recruitment brochure
 College Resource Fair
 Facebook ad or on Facebook in general
 Twitter
 Other social media platform. Please specify _____
 AmeriCorps online recruiting system
 Job search web page
 Article (online, newspaper, or magazine)
 Advertisement in a newspaper/magazine
 Guidance counselor/teacher
 Parent/relative
 Current or former AmeriCorps member
 Friend
 TV commercial
 Radio commercial
 AmeriCorps recruiter/representative
 Received information in the mail
 AmeriCorps program poster
 State Service Commission
 Other. (Please specify _____)

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 three minutes for the Member section and four 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, 250 E St. SW, Washington, DC 20525. CNCS 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 132.5(b)(2)(1))

Privacy Statement—In compliance with the Privacy Act of 1974, the following information is provided: The primary purpose of the information is to successfully enroll a member in a term of service and the Segal Education Award program. The evaluative information will help CNCS improve its programming and services to members. 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 this document. Your Social Security Number (SSN) is solicited under the authority of the Internal revenue Code (26 U.S.C. 611(b) and 619) for use as a taxpayer identification number. Failure to disclose your actual SSN or any other information may result in a denial of your receiving an Segal Education Award or it may delay the processing of your Segal Education Award. All information obtained will be used only for official purposes, treated confidentially, and will not be disclosed unless there is a specific official need to know.

PART4

Enrollment Certifying Official: Please Complete and Sign

1. Type of Program (*check only one*)

AmeriCorps State & National:

- AmeriCorps National Direct
- AmeriCorps State
- AmeriCorps Segal Education Award Program
- AmeriCorps Tribe
- AmeriCorps Territory
- AmeriCorps VISTA
- AmeriCorps National Civilian Community Corps (NCCC)
- AmeriCorps Serve America Fellows
- Other (Specify) : _____

2. Type of Enrollment (*check only one*)

- Full-time (1700 hours per year, or 365 days per year for AmeriCorps VISTA)
- Three-quarters time (1200 hours)
- Half-time (900 hours in no more than 2 years)
- Half-time (900 hours in no more than 1 year)
- Reduced half-time (675 hours)
- Quarter-time (450 hours)
- Minimum time / Summer (300 hours)
- AmeriCorps VISTA Summer Associate (1-12 Weeks)
- AmeriCorps Affiliate (100 hours)

3. Will the member receive a living allowance?

- Yes
- No

4. Education Award Amount: _____

5. Program Information

Name of Program (or AmeriCorps NCCC Campus) _____

Operating Site I.D. Number _____

Street Address _____

City _____ State _____ Zip Code _____

Business Phone _____ Ext _____

- I certify that I have conducted, reviewed, and adjudicated the results of a nationwide NSOPW.gov check (with all jurisdictions on NSOPW.gov reporting) for this individual.
- I certify that I have initiated the state of service and state of residence checks and FBI check, as appropriate, required for this individual.
- I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 11 of Title 18, U.S.C or other actions authorized by the Civil Fraud Remedies Act, (31 USC 381-3812.)

Signature of Certifying Official _____ **Date** _____

Name of Certifying Official (Please Print): _____