



# 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

### Bring Out the Best of America

#### Program Year 2020-2021



AmeriCorps  
Guam Memorial Hospital Authority  
[Guam Memorial Hospital Authority]  
Melissa Q. Ronquillo  
AmeriCorps Program Director

Jannica Quintanilla  
AmeriCorps Executive Director



AmeriCorps  
UOG Volunteer Center  
[University of Guam]  
Charlene Bitlaol Masiwemai  
AmeriCorps Program Director

Dr. Lawrence Camacho  
AmeriCorps Executive Director

#### Program Year 2021-2022



AmeriCorps  
Guam Waterworks Authority  
[Guam Waterworks Authority]  
Tanya Mendiola  
AmeriCorps Program Director

Christopher Budasi  
AmeriCorps Executive Director



AmeriCorps  
Ayuda Para I Komunidad  
[Sanctuary Inc. of Guam]

Edward Mesa  
AmeriCorps Program Director  
Victor Camacho  
Executive Director

#### Serve Guam Commission

(Oversees AmeriCorps Programs in Guam)



#### Serve Guam Commission Team

Doris Aguon, SGC Executive Director

Julie Iriarte, SGC Grants & Certifying Officer

Cynthia Toves, SGC Program Officer

Gwendolyn Aguon, SGC Program Manager of Performance Measure

Tiffany San Nicolas, SGC Admin & Grants Assistant

Peter Barcinas, SGC Board Chairperson

Margrit Atalig, SGC Board Vice-Chairperson

"This material is based upon work supported by AmeriCorps under Grant No. 20CAHGU001, to the Serve Guam Commission, Office of the Governor, which oversees AmeriCorps Programs in Guam. Opinions or points of view expressed in this document are those of the authors and do not necessarily reflect the official position of, or a position that is endorsed by AmeriCorps."

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.

**PY 2020-2021 AMERICORPS PROGRAMS**

**AmeriCorps Guam Memorial Hospital Authority**

*Organization: Guam Memorial Hospital Authority*

Email: [melissa.quinata@gmha.org](mailto:melissa.quinata@gmha.org)

**Focus Areas**

**Economic Opportunity:** Members will provide literature and other appropriate educational material to improve financial literacy for at-risk or disadvantaged individuals, will share information with GovGuam agencies, and NGO's for public assistance and insurance programs.

**Healthy Futures:** Members will provide information that will focus on opioid and drug abuse treatment and prevention services that will be provided to hospital patients and visitors as well as during outreach events.

**Disaster Services:** Members will be trained for First Aid, CPR/AED, CERT, FEMA and other required courses to assist, train, facilitate and engage with the community to raise awareness of disaster preparedness need including assisting in damage assessment, mass care, creation and dissemination of infographics and pandemic contact tracing.

**Capacity Building:** Members will be responsible in recruiting volunteers to engage in community outreach to raise awareness on the need for financial literacy, the dangers of prescription drug and opioid abuse, including deliver various activities within focus areas: Economic Opportunity, Healthy Futures, Disaster Services, and Capacity Building activities.

**AmeriCorps UOG Volunteer Center**

*Organization: University of Guam*

Email: [billaloc3473@triton.uog.edu](mailto:billaloc3473@triton.uog.edu)

**Focus Areas**

**Education:** High school students will be provided homework assistance and mentoring as needed for the duration of one semester (2 quarters). For post-secondary students, AC UOG members will provide note taking and transcription in their courses for every class for the entire semester that the service is requested for.

**Environmental Stewardship:** Members will create a Green campaign that teaches the community about eco friendly practices and the importance of recycling and upcycling, engage in monthly service projects, that include removal of invasive plant species, reforestation of native plant species, and reintroduce native trees back to public parks and lands, especially those that have been ravaged by wildfires, through outreach, presentations and social media that will enhance community effort.

**Economic Opportunity:** Members will conduct financial literacy workshops to students and members of the community. When necessary, members will have one to one financial literacy coaching sessions with students and track their progress towards financial literacy as part of their preparations to get into college.

**Disaster Services:** Members will provide education, training and workshops in disaster preparedness within the community in partnership with Guam Homeland Security and the 19 village mayors to become more aware of the fundamentals of being ready in the event of any natural disasters.

**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. They will also work with program staff and other agencies to create a volunteer database and recruit 1,728 community volunteers.

**PY 2021-2022 AMERICORPS PROGRAMS**

**AmeriCorps Guam Waterworks Authority**

*Organization: Guam Waterworks Authority*

Email: [tmendiola@guamwaterworks.org](mailto:tmendiola@guamwaterworks.org)

**Focus Areas**

**Environmental Stewardship:** Provide education/training and outreach on environmental stewardship and environmental conscious practices in regards to the FOB Best Management Practices Program, the Affordability and Water Conservation Assessment Program, and the Septic Tank Elimination Outreach Program.

**Disaster Services:** Members and volunteers will provide monthly disaster service trainings and presentations provided to the community in preparing, responding, recovering, and mitigating man-made or natural disasters such as typhoons, floods, coastal erosion, wildfire, tsunamis and earthquakes, including facilitating outreach activities.

**Capacity Building:** Members will provide capacity building activities monthly to organizations and community in the recruitment and management of volunteers, including outreach presentation in designated site locations.

**AmeriCorps Ayuda Para I Komunidat**

*Organization: Sanctuary Inc. of Guam*

Email: [edwardmesa1989@gmail.com](mailto:edwardmesa1989@gmail.com)

**Focus Areas**

**Education:** Members will provide school-based mentoring, homework assistance and youth development training for at-risk and disadvantaged youth at Sanctuary's Residential and Outreach services, Guam Department of Education, Community Learning Centers, 19 village mayors, community partners, Guam Coalition Sexual Assault and Family Violence, and Human Services organizations.

**Environmental Stewardship:** Members will provide education and training on environmentally conscious practices and stewardships at the 19 village mayors projects as scheduled on how to use recyclable materials into up-cycling.

**Disaster Services:** Members will provide awareness and training to the community through educational materials and trainings from Guam Homeland Security, Community Emergency Response Team (CERT), National Incident Management System (NIMS), and Federal Emergency Management Agency (FEMA), including facilitating at community outreach, engagement and service activities at partner organization sites.

**Capacity Building:** Members will facilitate, recruit 2 volunteers each month and engage four organizations to recruit and manage community volunteers to assist and support outreaches, national events, and service projects.

**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](http://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. 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.

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](#).

(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 CNCS 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 &amp; age (one of the following below):</i>	<i>Must submit the following documents:</i>
Copy of U.S. Passport	Copy of Social Security Card (for verification in the social security online eGrants federal system)
Copy of U.S. Birth Certificate (w/ valid government Photo ID)	Copy of High School Diploma, GED, or transcripts in order to use the Segal AmeriCorps Education Award
Copy of valid Lawful Permanent Resident Card/Green Card	

**SELECT YOUR AMERICORPS PROGRAM SERVICE AREA:** Check one only

PY20-21 AmeriCorps Guam Memorial Hospital Authority	PY21-22 AmeriCorps Guam Waterworks Authority
PY20-21 AmeriCorps UOG Volunteer Center	PY21-22 AmeriCorps Ayuda Para I Komunidåt

**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	Talofofo
	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****NAME:**

1.

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.*** I am a U.S. Citizen or National 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 does not confer eligibility to enroll in an AmeriCorps program.**

4.

**School Status:** I have received a high school diploma or its equivalent ([attach diploma](#)) 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.**

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 SGC of a change of address)

Apt. or House Number

Street

City

State

Zip Code

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Alternative Phone \_\_\_\_\_

Ext \_\_\_\_\_

6.

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

Apt. or House Number

Street

City

State

Zip Code

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Alternative Phone \_\_\_\_\_

Ext \_\_\_\_\_

7.

Have you previously enrolled in an AmeriCorps Program?  YES  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?  YES  NO

**LIST THREE (3) REFERENCES**

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 Community Volunteers 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 AmeriCorps Portal System (VGAPS) for **CAPACITY BUILDING** for 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> From (MM/YY): To (MM/YY):	Duties:
Address:	Hours Per Week:	
Supervisor:	Job Title	
Phone/Cell:	Email:	
Reason For Leaving:		

B.

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

C.

Present or Last Employer/Organization:	<u>Dates</u> From (MM/YY): To (MM/YY):	Duties:
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: _____  SIGNATURE: _____  DATE: _____  Address: _____  Street Address      City      State      Zip Code	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.  GUARDIAN PRINT NAME: _____  GUARDIAN SIGNATURE: _____  SIGNATURE DATE: _____  GUARDIAN Address: _____  Street Address      City      State      Zip Code

**Acknowledged by Program Director/Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NON-DISCRIMINATION PUBLIC NOTICE AND RECORDS COMPLIANCE:**

It is against the law for organizations that receive federal financial assistance from the Corporation for National and Community Service to discriminate on the basis of race, color, national origin, disability, sex, age, political affiliation, or, in most cases, religion. 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 Corporation for National and Community Service. 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).

**PRIVACY ACT NOTICE:** The Privacy Act of 1974 (U.S.C § 552a) requires that the following notice provided to you: The authority or collection information from you in this application's 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 or amended. You are advised that submission of the information is entirely voluntary and 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 or other general routine purposes associated with your participation in an AmeriCorps program. This may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized request, to present and former employer, references provided by you in your application, and educational institutions, or the purpose of verifying the information provided by you in your application. In some programs, the information will not otherwise be disclosed to entities outside of AmeriCorps and the Corporation or National and Community Service without your prior written permission.

**CERTIFICATION**

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 have reviewed this application, and I authorize my son/daughter/legal ward to apply and, if selected, to participate in AmeriCorps.*

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ Relationship \_\_\_\_\_ DATE: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Street Address      City      State      Zip Code

**Acknowledged by Program Director/Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### CRIMINAL HISTORY CHECK

In order to meet funding requirements, we are required to run background checks for individuals whose positions are funded in part or whole by CNCS grant, including match funds. The National Service Criminal History Check consists of three parts and two additional Government of Guam criminal history checks.

**The NSCHC 3-part criminal history check:**

- National Sex Offender registry check (also known as NSOPW)
- State Criminal History Check—State of Service and State of Residence (Superior Court Clearance)
- FBI Fingerprint check

**Additional criminal history checks for Serve Guam Commission and Government of Guam**

- 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/Yr):	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\*\*\*\*\*

### 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 criminal history checks. I am aware that my identity must be verified with a 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.

### Applicant Certification Signature

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 CLEARANCE:** Upon selection and notification for a Police Clearance Criminal History Check, it is the policy of the Guam Police Department (GPD) that all applicants under 18 years of age requesting to obtain a Police clearance must be present with the Parent or Guardian that is indicated on the Birth Certificate or Legal Guardianship document. Both Parent/Guardian, and Minor applicant must bring supporting legal document and have a valid ID prior to obtaining a Police Clearance. This applies to obtaining a Superior Court of Guam Clearance for minors.

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 PRINT NAME

SIGNATURE

DATE

(ATTACHMENT TO NSCHC DOCUMENTATION CHECKLIST)

NOTES/COMMENTS: