



## A STAR! in Western Maryland 2017-18 Interest Form

Are you interested in \_\_\_\_ a Half-time (900 hour) position  
\_\_\_\_ a Minimal-time (300 hour) position  
\_\_\_\_ either position

### **Personal Profile:**

1. Name, Address, Cell # and email: **Print your name as it appears on your driver's license**

cell # \_\_\_\_\_ email \_\_\_\_\_

2. Are you a United States Citizen, national or lawful permanent resident alien? YES NO  
**\*\*Documentation will be required:** birth certificate, US passport, FS-240, Form N-550, N-570, N-560, N-561 or Permanent Residency card or Alien Registration Receipt (form I-551) these documents are specific to verification of citizenship.

3. Social Security Number: \_\_\_\_\_ **\*copy will be required if selected**

4. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

5. Gender: Male Female

6. Do you have a driver's license? YES NO **\*copy of license or gov't ID required**

7. High School in which you graduated? \_\_\_\_\_

8. Personal Statement and Community Service/Awards List: Attach a personal statement reflection on why you would like to participate in AmeriCorps (minimum 500 words) and please list any awards or community service projects you have participated in during high school or how you have been involved in your community?

9. Have you been convicted of a crime? YES or NO. If yes, provide an explanation.

10. By completing this form you understand give consent and accept that a 3 part criminal history check will be conducted including: an online check with National Sex Offender Registry and a State and FBI fingerprint background check. All positions are contingent upon the results of these checks and no one with a finding of child abuse/sex offense or murder will be allowed into the program. Signing of this form indicates understanding, agreement and initiates the CHC.

Signature of Participant: \_\_\_\_\_ Date \_\_\_\_\_

*If under 18, **Parent/Guardian Signature required.** Signature indicates approval of student's participation and verifying permission for your student to sign all formal documents related to the program without additional signatures from you as the parent or guardian.*

Parent/Guardian Signature (under 18): \_\_\_\_\_

For more information contact Lisa Clark 301.697.3359 [lclark@frostburg.edu](mailto:lclark@frostburg.edu) scanned applications are acceptable.

Completed application should be submitted to site, scanned and emailed to above or the ASTAR office

Funded in part by the GOSV and CNCS all positions are contingent upon final funding approval.