

SIS Enrollment Checklist 2011-2012

Member name: _____ Institution: _____

Date of In-Person Orientation: _____

Official enrollment date begins *no earlier* than the day a member passes in a complete enrollment package (all enrollment paperwork must be signed by the member, site supervisor, and the SIS coordinator on or before the official enrollment date), the Dru Sjodin National Sex Offender Public Registry (NSOPR) has been completed, and a State Repository and/or FBI Fingerprint check has at least been ordered at the time of enrollment.

Required Paperwork

- This checklist
- AmeriCorps National Service Trust Enrollment Form
- Member Agreement Authorization
- Copy of Proper Identification
- Pre-service Reflection Questionnaire
- Criminal Record Check Authorization Form
- Position Description and Site Agreement Plan (pages 1 – 5)

Note: If member is serving with a tutoring program they must include a Tutoring Project Checklist with enrollment package (form is located on the Forms page of the SIS Website)

Note: Make a copy of all paperwork for your records before submitting.

Please submit all enrollment paperwork as a complete package.





National Service Trust Enrollment Form



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

Member Agreement Authorization

NOTE: Before signing this authorization and certification, please make sure to review and understand the "Member Agreement" located at www.studentsinservice.org. If you have questions, please contact your SIS coordinator.

Member name: _____ Institution: _____

Program: (please circle): 300 450 900 Grant Year: 11-12

Civil Rights Policy

The Corporation for National and Community Service (CNCS) is committed to treating all persons with dignity and respect, without regard to non-merit factors such as race, color, national origin, gender, sexual orientation, religion, age, disability, political affiliation, marital or parental status, or military service; and free of sexual, racial, national origin, religious or other harassment. Whether in CNCS offices or campuses, in other service-related settings such as training sessions or service sites, or at service-related social events, such harassment is unacceptable and will not be tolerated. (CNCS Civil Rights Policy, Paragraph 1)

For further information about the CNCS Civil Rights Policy, please review the Civil Rights Policy link on the Students in Service web site home page.

Drug-Free Workplace Policy

In accordance with the Drug-Free Workplace Act of 1988, the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance (including alcohol) is prohibited in the member's workplace and program. Conviction of any criminal drug statute must be reported immediately to SIS staff. The member's participation in the Students in Service program is conditioned upon compliance with the notice requirements. Failure to adhere to this policy may result in disciplinary action, including termination.

Certification

By signing below, the member hereby acknowledges by his/her signature that s/he has read, understands, and agrees to all terms and conditions of the Member Agreement and has read and understands the Civil Rights Policy, Drug-Free Workplace Policy, and the List of Prohibited Activities. (If member is under 18 years of age, the members' parent or legal guardian must also sign below)

Also, by signing below, the member acknowledges that they are a student enrolled at a participating Students in Service campus, and participated in an in-person orientation about the *Students in Service* AmeriCorps program with a campus SIS coordinator before being enrolled into the *Students in Service* AmeriCorps program.

AmeriCorps member: _____
Signature Print name Date

Parent/Legal Guardian: _____
(Required for members under 18 years of age) Signature Print name Date

SIS Campus Coordinator/Official: _____
Signature Date

Member's Official Enrollment Date: _____

Publicity Information Release

I give Campus Compact and the Students in Service program permission to use my program information (e.g., "Great Stories", innovative programs, name/photograph associated with program information, etc.) for publicity and/or marketing purposes.

Initial if in Agreement: _____



Pre-Service Reflection Questionnaire

Your Name: _____ College/University: _____

Aside from earning an Education Award, what motivates you to pursue a term of service with the Students in Service (SIS) AmeriCorps program?

How does your participation in SIS AmeriCorps relate to your professional/personal goals?

In what ways do your professional/personal goals support lifelong involvement in your community?

Explain your commitment to successfully completing a term of service (300,450, or 900).



Criminal Record Check Authorization Form

Beginning October 1, 2009, all students interested in enrolling in the Students in Service (SIS) AmeriCorps program will be subject to a criminal record check (National Sex Offender Public Registry, State Criminal History Repository, and/or FBI Fingerprint Check) before the member can be enrolled into the SIS AmeriCorps program. The member will need to sign and date the authorization section of this form and their SIS Campus Coordinator will complete the required criminal record checks needed.

Authorization Completed by Member

Full Legal Name _____ Maiden Name _____

Permanent Home Address _____ City, County, State, Zip _____

Date of Birth: _____ Gender: _____ Social Security Number: _____

State where college/university campus is located _____ State where service site is located _____

In connection with my service with AmeriCorps and participation in the SIS program, I hereby authorize the SIS program to conduct a criminal background check on my behalf. I understand that this check could entail one or all of the following:

- National Sex Offender Public Registry (NSOPR)
- State Criminal History Repository
- FBI Fingerprint

Background checks will be completed either through a government agency and/or a private criminal record check screening service. I understand my ability to serve as an SIS AmeriCorps Member is contingent upon the results of the background check. I understand failure on my part to consent to the review will result in cancellation of my enrollment in the SIS AmeriCorps program. Results are confidential, but may be shared with the Site Supervisor if necessary. I am entitled to receive and review the information obtained, and challenge the factual accuracy of the information prior to cancellation of my enrollment into the SIS Program. I certify statements made by me on this form and in my enrollment paperwork are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein could void my eligibility to serve with the SIS AmeriCorps program.

I also certify I will not serve a vulnerable population (children 17 years or younger, persons 60 years or older, or individuals with disabilities) without being accompanied at all times until all Criminal Record Checks have been completed, reviewed and approved and I have been contacted about the approval by the SIS Campus Coordinator.

Member Signature _____ Date _____

(For California residents only) Check box if you would like to have a copy of the results provided to you by your SIS Campus Coordinator.

Certification Completed by the SIS Campus Coordinator

By signing below, I certify the following:

- I have verified the member's identification by reviewing an AmeriCorps approved identification documentation provided by the member with their SIS AmeriCorps enrollment package.
- I have reviewed the results of the NSOPR and State Repository and/or FBI fingerprint checks and determine the member did not have any sex offenses or murder convictions. All other convictions were reviewed on a case by case basis to determine eligibility for SIS AmeriCorps service.
- If the member had a conviction that might exclude him/her from serving with the SIS AmeriCorps program, the member was given an opportunity to verify the accuracy of the information prior to the exclusion of their enrollment into the SIS AmeriCorps program.
- After considering the results of all the AmeriCorps required criminal record checks performed on the member above, the member is eligible to serve with the SIS AmeriCorps program.

SIS Campus Coordinator Signature _____ Date _____



Position Description/Site Agreement (Page 1 of 5)

Part I: Position Description (Completed by: SIS AmeriCorps Member)

Member Name: _____ Campus: _____

Service Site: _____ (Write full name of site—no acronyms)

1. SIS Program Concentration Areas: (You must check at least one and all that apply) (For more information go to <http://www.studentsinservice.org/allowablesactivities.shtml>)

- | | |
|---|---|
| <input type="checkbox"/> Strengthening Community-Based Organizations Capacity | <input type="checkbox"/> Education/Improving College Access and Success |
| <input type="checkbox"/> Engaging Veterans | <input type="checkbox"/> Mobilizing Volunteers |

2. Who are the beneficiaries of your service? (You must check at least one and all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Disadvantaged/At risk youth | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Senior Citizens | <input type="checkbox"/> K-12 Schools |
| <input type="checkbox"/> Homeless Population | <input type="checkbox"/> Low Income individuals |
| <input type="checkbox"/> Veterans | <input type="checkbox"/> Individuals with disabilities |
| <input type="checkbox"/> Immigrants/Refugees | <input type="checkbox"/> Other: _____ |

3. What unmet community need(s) does your service address?

The need is to improve:

- Education/literacy outcomes for disadvantaged and/or at-risk youth
- Health/health care access and outcomes for vulnerable populations
- Access to services targeted toward low income families and individuals
- The local environment and increased awareness of environmental issues
- Assistance for homeless populations
- Rehabilitation for those suffering from substance abuse/addiction
- Other: _____

4. What are your specific duties and responsibilities at your service site? Provide details and examples.

Attach additional page if needed.



Position Description/Site Agreement (Page 2 of 5)

5. Describe two ways in which your service will positively impact your local community:

1. _____

2. _____

6. What value-added service will you bring to your service site as an SIS AmeriCorps member? Value-added service is the additional benefit a community receives from having an SIS AmeriCorps member (You must check at least one and all that apply)

- Increased ability to meet a critical community need that otherwise would not be met.
- Service wouldn't get done otherwise without an SIS AmeriCorps member.
- Improved service delivery strategies such as additional service learning activities for students, starting a service learning club, providing additional resources for community members, etc., above standard requirements of an internship/practicum
- Increased ability to recruit volunteers for National Days of Service and other community based projects.
- Increased number of skilled volunteers serving in a critical needs area and/or working with high needs people as opposed to taking an internship/practicum opportunity at a for profit organization or in a low needs area.
- Increased number of hours served above standard requirement for internship or practicum.

Member Development Plan:

Please provide member development/training goals you plan to pursue during your term of service that will help you better serve your community now and in the future.

1. _____
2. _____
3. _____

As an AmeriCorps member participating in the SIS AmeriCorps program, by signing below I certify that:

- I acknowledge and understand that if I am serving a vulnerable population (children 17 years or younger, persons 60 years or older, or individuals with disabilities), I will be accompanied at all times until all Criminal Record Checks have been completed, reviewed and approved and I have been contacted about the approval by my SIS Campus Coordinator.
- My service meets the SIS AmeriCorps Program's "Allowable Activities" and my direct service and member development activities do not include any activities on the "List of Prohibited Activities" as provided by AmeriCorps.
- All the information is accurate to the best of my knowledge. If any significant changes occur with my service responsibilities, I will submit an updated site agreement for approval.

Member Signature: _____

Date: _____



Position Description/Site Agreement (Page 3 of 5)

Part II: Acknowledgement of Prohibited Activities

(Signed by SIS AmeriCorps Member and Site Supervisor)

As detailed in the 2011 AmeriCorps Grant Provisions, while charging time to the AmeriCorps program, accumulating service or training hours, or otherwise performing activities supported by the AmeriCorps program or the Corporation, staff and members may not engage in the following activities (see 45 CFR § 2520.65):

- a. Attempting to influence legislation;
- b. Organizing or engaging in protests, petitions, boycotts, or strikes;
- c. Assisting, promoting, or deterring union organizing;
- d. Impairing existing contracts for services or collective bargaining agreements;
- e. Engaging in partisan political activities, or other activities designed to influence the outcome of an election to any public office;
- f. Participating in, or endorsing, events or activities that are likely to include advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials;
- g. Engaging in religious instruction, conducting worship services, providing instruction as part of a program that includes mandatory religious instruction or worship, constructing or operating facilities devoted to religious instruction or worship, maintaining facilities primarily or inherently devoted to religious instruction or worship, or engaging in any form of religious proselytization;
- h. Providing a direct benefit to any—
 - i. business organized for profit;
 - ii. labor union;
 - iii. partisan political organization;
 - iv. nonprofit organization that fails to comply with the restrictions contained in section 501(c)(3) of the Internal Revenue Code of 1986 except that nothing in this section shall be construed to prevent participants from engaging in advocacy activities undertaken at their own initiative; and
 - v. organization engaged in the religious activities, unless Corporation assistance is not used to support those religious activities;
- i. Conducting a voter registration drive or using Corporation funds to conduct a voter registration drive;
- j. Providing abortion services or referrals for receipt of such services; and
- k. Assisting any organization that has violated a Federal criminal statute.
- l. Performing any services or duties, or engaging in any activities, prohibited under the nonduplication, nondisplacement, or non-supplantation requirements relating to employees and volunteers.
- m. Such other activities as the Corporation may prohibit.
- n. participating in activities that pose a significant safety risk to participants; and
- o. fundraising including : for living allowance or other costs of the AmeriCorps program or an organization's operating expenses or endowment; writing grant applications for AmeriCorps funding or for any other funding provided by the Corporation for National & Community Service; or writing grant applications for funding provided by any other federal agencies.

AmeriCorps members may not engage in the above activities directly or indirectly by recruiting, training, or managing others for the primary purpose of engaging in one of the activities listed above.

By signing below you certify that:

I have read and understand the above List of Prohibited Activities and my service with the SIS AmeriCorps program will not include any Prohibited Activities.

Member Signature: _____

Date: _____

Site Supervisor Signature: _____

Date: _____



Position Description/Site Agreement (Page 4 of 5)

Part III: Site Agreement (Completed by: Site Supervisor)

Supervisor Contact Information:

Primary Site Supervisor: _____
Print Name Title

Email Address: _____ Phone Number: _____

Secondary Site Supervisor: _____
Print Name Title

Email Address: _____ Phone Number: _____

Service Site Information:

Organization/Agency Name: _____

Address: _____ City: _____ State: _____ 9-Digit Zip Code: -

Service Site is (please check all that apply): Non Profit School Govt. Agency Other: _____

The primary mission of your organization is:

Recurring Access and FBI Fingerprint Check information (please check the appropriate box):

Yes No Will the SIS AmeriCorps member have "recurring" access with children 17 years or younger, persons 60 years or older, or individuals with disabilities at your site?

If yes, please answer the question below.

Yes No Have you or an academic department ordered an FBI Fingerprint Check for the SIS AmeriCorps member?

By signing below you certify the following:

- The SIS AmeriCorps member will not serve a vulnerable population (children 17 years or younger, persons 60 years or older, or individuals with disabilities) without being accompanied at all times until all Criminal Record Checks have been completed, reviewed and approved.
- My organization provides general liability coverage or similar insurance for volunteers (including AmeriCorps members) serving at our site (Most education, government and registered non-profit organizations have some form of general liability coverage covering volunteers. Please contact your business office if you have questions. General liability or similar coverage is required to have an SIS AmeriCorps member serve at your site.)
- The SIS AmeriCorps member is not performing services or duties that have been performed by, or were assigned to, a presently employed worker; employee who was recently resigned or was discharged; employee who is subject to a reduction in workforce who has recall rights pursuant to a collective bargaining agreement or applicable personnel procedures; employee who is on leave; or employee who is on strike or is being locked out.
- I have accessed the Students in Service AmeriCorps website and have reviewed the Site Supervisors page content (<http://www.studentsinservice.org/supervisors.shtml>) and understand the expectations of being an SIS AmeriCorps Site Supervisor.
- The SIS AmeriCorps member will be adequately trained and supervised, and his/her service will not include activities listed in Part II—Acknowledgment of Prohibited Activities provided by AmeriCorps
- **For Student Teachers Only:** The above SIS AmeriCorps member is doing his/her student teaching at a Title 1 funded institution or teaching in Special Education, ESL/Bilingual Education, or Math & Science Education or other criteria detailed on the SIS website.

Primary Site Supervisor: _____
Signature Date

Secondary Site Supervisor: _____
Signature Date



Position Description/Site Agreement (Page 5 of 5)

Part IV: SIS Campus Coordinator Checklist and Certification (Completed by SIS Campus Coordinator)

Review of Part I: Position Description

- The full name of service site (no acronyms) is written
- At least one Program Concentration Area is selected
- At least one beneficiary of his/her service is selected
- At least one unmet community need is selected
- Specific details and examples of direct service activities do not include any Prohibited Activities
- Two specific positive impacts of SIS AmeriCorps member's service are provided
- At least one value added service is selected

Review of Member Development Plan

- Specific details and examples of member development do not include any Prohibited Activities
- SIS AmeriCorps member signed and dated Position Description

Review of Part II: Acknowledgement of Prohibited Activities

- SIS AmeriCorps member signed and dated list of Prohibited Activities
- Site Supervisor for SIS AmeriCorps Member signed and dated list of prohibited activities

Review of Site Agreement

- All Site Supervisor contact information is provided
- All Service Site information, including nine-digit zip code is provided
- Site Supervisor checked Recurring Access and FBI Fingerprint Check information boxes
- Site Supervisor signed and dated the Site Agreement

As the SIS Campus Coordinator, I have reviewed the Position Description/Site Agreement and certify that the SIS AmeriCorps Member and Site Supervisor have satisfactorily completed the form. It is my best judgment that the SIS AmeriCorps member will be adequately trained and supervised and engage in service that meets all AmeriCorps guidelines.

SIS Campus Coordinator Signature: _____

Date: _____

