



For office use only: Date received: _____ Program Year: _____

AmeriCorps Victim Assistance Program (AVAP) Application

Instructions

Please print or type and return this application as soon as possible, accompanied by a resume and cover letter, to the following: AmeriCorps Victim Assistance Program, P.O. Box 4156, Concord, NH 03302-4156.

This application asks you to describe skills and experiences you would offer to the AmeriCorps Victim Assistance Program, as well as the reasons you would like to be selected. Please consider each section carefully. Highlight your role in service and volunteer activities, membership in community organizations, academic experiences, and personal skills.

The selection process for the AmeriCorps Victim Assistance Program is both extensive and competitive. We are looking for highly committed, motivated, and diverse AmeriCorps Members, so be sure to include activities that exemplify those ideals and reflect the qualities that would make you an exceptional candidate for the AmeriCorps Victim Assistance Program.

All positions with the AmeriCorps Victim Assistance Program are contingent upon the availability and receipt of federal funding from The Corporation for National and Community Service.

All statements contained in this application become the property of the AmeriCorps Victim Assistance Program and part of the AmeriCorps Victim Assistance Program Member file.

This application is also available on the AVAP web site @ www.avap1.org (the number one.org)

I. Applicant Profile

1. Name (First, MI, Last) _____

2. Are you a US Citizen, National, or Lawful Permanent Resident Alien?

If you received your lawful permanent resident alien card after January 1987, please indicate the registration number and the card's expiration date:

3. Current Address: *(All information will be sent to this address unless you notify us of a change)*

Current Telephone: (Home) _____ (Work) _____

Current E-mail Address: _____

4. Permanent Address: *(Please provide an address where you can always be reached, such as the home of a parent, guardian, etc.)*

Permanent Telephone: (Home) _____ (Work) _____

II. Educational Background

Please check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Did not complete high school | <input type="checkbox"/> Some college | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> Associates' degree | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> GED | <input type="checkbox"/> Bachelor's degree | |
| | <input type="checkbox"/> Some Graduate study | |

III. AVAP Requirements

The following are required of all AVAP advocates and must be valid/and or in effect throughout the duration of the AmeriCorps Victim Assistance Program;

1) Availability

Are you available to serve:

- | | | |
|--|------------------------------|-----------------------------|
| Full-time 1700 Hours (Appr. 37 ½ hours per week) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Half-time 900 Hours | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Quarter-time 450 Hours | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If no, please explain:

2) Transportation

- | | | |
|-------------------------|------------------------------|-----------------------------|
| Valid Drivers License | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reliable Transportation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Automobile Insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If no, please explain.

(There are a few sites available that do not require the member to have a license.)

IV. Legal Information

Existence of a criminal conviction/adjudication **may not** disqualify you from consideration. However, misrepresentation of that record - lying or not telling the whole truth - will disqualify you. Please answer the following questions fully.

- Have you ever been found true or convicted of a criminal offense which has not been annulled (*definition: to do away with*)?
 Yes No
- Are you now on probation or parole? Yes No

If so, please provide the name, address and telephone number of the court, probation officer, or parole officer who we can contact to verify the above information.

Name: _____

Address: _____

Telephone Number: _____

V. General Information

Please indicate how you learned about the AmeriCorps Victim Assistance Program (AVAP). Please check all that apply and please **be specific**. For example, if you check Newspaper, include the name on the corresponding line (Union Leader, Concord Monitor etc).

- _____ Newspaper _____
- _____ Radio Advertisement _____
- _____ Friend/Relative _____
- _____ Placement Office _____
- _____ Guidance Office _____
- _____ Current/Former AmeriCorps Member _____
- _____ Internet _____
- _____ AmeriCorps Materials/AmeriCorps website _____
- _____ AVAP website _____
- _____ Other _____

VI Optional Information:

Are you able to speak a foreign language? What language? _____

Are you able to read and/or write in a foreign language? _____

VII. References

On a separate page, please list **three professional references*** (professors, supervisors, guidance counselors, etc.) who can speak to your character, experience and ability and include the following information about each of them:

- name • address • telephone number • email address•
- each individual's relation to you • the length of time that she/he has known you

*These references should not be family members or friends.

VIII. Personal Statement

On a separate page please address the following questions in a brief essay:

- *Why do you want to join AmeriCorps?*
- *Why do you want to join the AmeriCorps Victim Assistance Program (AVAP)?*
- *What skills do you possess that make you an exceptional candidate for a position with AVAP?*
- *What are some of the personal rewards and challenges you may encounter doing this type of work?*

IX. Certification

Your application must be certified with your original signature in ink. Please read the statement below carefully before signing. Unsigned applications and/or applications with photocopied signatures will not be considered for admission.

I certify, to the best of my knowledge, that all of the statements made in this application are true, correct, and complete and are made in good faith. I understand that misinformation or omission of information could result in disqualification and/or release as an AmeriCorps member, regardless of the time of discovery by AVAP. I also understand that the information provided herein will be used to process my application for acceptance into the AmeriCorps Victim Assistance Program and may be shared with host sites, the New Hampshire Coalition Against Domestic and Sexual Violence, the New Hampshire Office of AmeriCorps, and/or the Corporation for National and Community Service, and it will not be disclosed outside of these entities without prior written permission.

Furthermore, I authorize the AmeriCorps Victim Assistance Program to verify the information included on this application and in my resume and specifically waive my rights to confidentiality concerning a criminal record check, motor vehicle check, reference check and employment verification. I release the AmeriCorps Victim Assistance Program and all others, including but not limited to the New Hampshire Coalition Against Domestic and Sexual Violence and its member programs, from liability in connection with the same.

Signature _____

Date _____

As a reminder, applications will not be considered unless all of the following items are enclosed:

- Ⓒ Cover Letter
- Ⓒ Resume
- Ⓒ Personal Statement
- Ⓒ 3 Professional References
- Ⓒ Completed and Signed Application

Thank you for taking the time to complete an application for the AmeriCorps Victim Assistance Program.