



the
**Chickasaw
Nation**

Department of Community Services / Project Development and Review Division
AmeriCorps Program
231 Seabrook Road / Ada, OK 74820 / (580)559-0963 / Fax: (580) 272-2518

Bill Anoatubby
Governor



Member Application

Name: _____
First Middle Last Suffix

Alias/maiden name(s): _____

Home phone (____) _____ Work phone (____) _____ Cell phone (____) _____

E-Mail _____

Mailing address: _____
Street City State ZIP

Same as mailing

Physical address: _____
Street City State ZIP

Email: _____ Birth date: _____
Month/Day/Year

Race: White African American Hispanic Other: _____

Native American CDIB: Yes No Tribal affiliation: _____

Gender: Male Female Are you a veteran? Yes No Shirt size: ____ Women's Men's

Are you interested in: Full-time Half-time Earliest date you are available to begin service: _____
Month/Day/Year

Have you ever worked with children? Yes No

Have you ever worked in the emergency management field? Yes No

Education - Check all levels of education that you will have completed by the time you are planning to serve in AmeriCorps.

- | | | |
|--|---|--|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> Some college | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Technical school/Apprenticeship | <input type="checkbox"/> Bachelor's degree | |

Are you currently enrolled in school? Yes No If so, where? _____

List all schools you have attended, including high school, trade or technical schools, military training and employment training programs.

Name of school (List most recent first)	Location of school (City/State)	Dates attended		Major or area of study	Type of degree or certificate	Date received or expected
		From Mo./Yr.	To Mo./Yr.			
A.						
B.						
C.						
D.						

Employment - Beginning with your current or most recent position, list and briefly describe the last three positions you have held or your last five years of employment. Please include self-employment, internships/fellowships, home management and full- or part-time paid or unpaid work experience. (You may attach a resume instead if it addresses the information requested below.)

Name and address of employer	Dates	Job title and duties
A. Organization, City/State _____ _____ Supervisor: phone and email _____ _____	From: ____/____ Mo/Yr. To: ____/____ Mo/Yr. Hrs./week: _____	Title: _____ Duties: _____ Reason for leaving: _____ _____ _____

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Community Service - (Previous service is not a requirement.) Describe if and when you have ever reached out to help others and/or how you have been involved in your own community or school. Explain why you decided to serve or get involved and what you received in return OR what you learned and how it made you feel. (Your involvement could include serving in neighborhood, school, religious, social, professional or other volunteer groups; helping out with community service projects; or participating in less formal activities.)

Why Apply for the Chickasaw Nation AmeriCorps Program? We would like to understand more about you and your reasons for applying to AmeriCorps. How does AmeriCorps fit into your life right now? What are some of your experiences that make you the person you are today? Who told you about AmeriCorps or encouraged you to apply?

References - Please attach two to three references of people who know you well and who are familiar with your personal background, education, employment and/or professional skills. Consider asking work supervisors, clergy, teachers, counselors, coaches or someone else familiar with your motivation and community involvement. Forms are available to assist you with this and this is not a requirement for the application, just an option.

U.S. Citizen - AmeriCorps members must be a United States citizen, U.S. national or lawful permanent resident.

Are you a: United States citizen U.S. National Lawful permanent resident alien

If you are a lawful permanent resident alien and you received your card after January 1987, what is your registration number and card expiration date? _____

National Service Criminal History Check

Have you ever been convicted of or received a deferred judgment for a crime? Yes No

If yes, please explain including dates and locations:

Please initial to consent for the CN AmeriCorps Program to run a National Sex Offender Public Website (NSOPW) search.
(REQUIRED TO SERVE AS AN AMERICORPS MEMBER)

Emergency contact/permanent address: (Please provide the name and address of a person through whom you can always be reached)

Name: _____ Relation: _____

Mailing address: _____
Street City State ZIP

Home phone: (____) _____ Work phone: (____) _____ Cell phone: (____) _____

Email: _____

I certify that the information contained in this application is true and correct to the best of my knowledge.

Applicant signature _____ Date _____ AmeriCorps staff signature _____ Date _____

Parent/legal guardian signature _____ Date _____
(if applicant is under 18 years of age)