



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 **
 I am an Asylee ***

*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.

***You are an asylee if you have a Form I-94 with asylum granted stamp; form I-766 with Category "A5" or "A-5," or an Order of the Immigration Judge granting asylum.

5. **School Status**

What is the highest level of education you have completed?

Less than high school or 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.
 I am exempt from the requirement to have a high school diploma, due to: _____

High school diploma/GED

Technical school/apprenticeship/vocational

Some college
Most recent school attended _____ Type of degree, diploma, or certificate _____

Associates degree (AA)
School that provided degree _____ Type of degree, diploma, or certificate _____

College graduate
School that provided degree _____ Type of degree, diploma, or certificate _____

Graduate degree (e.g. MA, PhD, MD, JD)
School that provided degree _____ Type of degree, diploma, or certificate _____

6. Current Address (All information will be sent to you at this address until you notify CNCS 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. Segal Education Award Limitations: I understand that I may not receive more than the aggregate value of two full-time Segal Education Awards and that upon successful completion of the term of service, I will receive only that portion of the Segal Education Award for which I am eligible, which may be all or a part of a Segal Education Award, or no Segal 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 18 U.S.C. § 11, 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 U.S.C. §§ 381-3812.

Member's Signature _____ **Date** _____

PART 3

Member: Please Answer the Following Questions

CNCS gathers information about sex, race, ethnicity, and other demographic information to ensure the agency has the most complete and inclusive data on national service participants. This information is confidential, and will solely be used for data analysis to assist us in ensuring we serve all Americans equally. The information you provide will not be used in any way to determine or affect any federal benefit. Your responses are required in order to be enrolled as an AmeriCorps member, but will be kept confidential.

1. What is your sex?

- Female
- Male

2. Are you registered to vote?

- Yes
- No
- Not Sure
- Not Eligible

3. Which of the following categories best describes your racial origin (check all that apply)?

- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White
- Asian American
- Other

4. Which of the following best describes your ethnic origin?

- Hispanic or Latina/o
- Not Hispanic or Latina/o

5. What is your military, veteran, or family member status? (check all that apply)

- I am a Veteran
- I am an Active Duty Member of the U.S. Armed Forces
- I am a member of the National Guard or Reserve Component
- I am an immediate family member of a Veteran
- I am an immediate family member of an Active Duty Member of the U.S. Armed Forces
- I am an immediate family member of a National Guard Member or Reservist
- I am not in the military, a veteran or a family member of someone in the US. Armed Forces

6. How did you hear about this program? (Mark all that apply.)

- Recruitment brochure
- College Resource Fair
- Facebook ad or on Facebook in general
- Twitter
- Other social media platform. Please specify _____
- AmeriCorps online recruiting system
- Job search web page
- Article (online, newspaper, or magazine)
- Advertisement in a newspaper/magazine
- Guidance counselor/teacher
- Parent/relative
- Current or former AmeriCorps member
- Friend
- TV commercial
- Radio commercial
- AmeriCorps recruiter/representative
- Received information in the mail
- AmeriCorps program poster
- State Service Commission
- Other. (Please specify _____)

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 three minutes for the Member section and four 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. CNCS 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 5 CFR 132.5(b)(2)(1))

Privacy Statement -- In compliance with the Privacy Act of 1974, the following information is provided: The primary purpose of the information is to successfully enroll a member in a term of service and the Segal Education Award program. The evaluative information will help CNCS improve its programming and services to members. Information may be shared with other agencies, such as the Social Security Administration, through computer matching agreements for the purpose of verifying identity and citizenship status information provided by you in this document. Your Social Security Number (SSN) is solicited under the authority of the Internal revenue Code (26 U.S.C. 611(b) and 619) for use as a taxpayer identification number. Failure to disclose your actual SSN or any other information may result in a denial of your receiving an Segal Education Award or it may delay the processing of your Segal Education Award. All information obtained will be used only for official purposes, treated confidentially, and will not be disclosed unless there is a specific official need to know.

PART4

Enrollment Certifying Official: Please Complete and Sign

1. Type of Program (Mark only one.)

AmeriCorps State & National:

- AmeriCorps National Direct
- AmeriCorps State
- AmeriCorps Segal Education Award Program
- AmeriCorps Tribe
- AmeriCorps Territory

- AmeriCorps VISTA
- AmeriCorps National Civilian Community Corps
- AmeriCorps Serve America Fellows
- Other (Specify) : _____

2. Type of Enrollment (Mark only one.)

- Full-time
(17 hours per year, or 365 days per year for VISTA)
- VISTA Summer Associate (1-12 Weeks)
- Half-time (9 hours in no more than 2 years)
- Half-time (9 hours in no more than 1 year)
- Reduced half-time (675 hours)
- Quarter time (45 hours)
- Minimum time/Summer (3 hours)

5. Program Information

Name of Program or AmeriCorps NCCC Campus _____

Operating Site I.D. Number _____

Number and Street _____

City _____ State _____ Zip Code _____

Business Phone _____ Ext _____

I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 11 of Title 18, U.S.C or other actions authorized by the Civil Fraud Remedies Act, 31 USC 381-3812.

Signature of Certifying Official _____ **Date** _____

Name of Certifying Official (Please Print): _____