

# Tribal AmeriCorps Program



2021-2022  
TAP Member Application

## 2021-2022 TAP Member Application

### Thank You for Applying to Tribal AmeriCorps Program (TAP).

Please complete this application and follow the instructions for returning this application to your coalition or site host.

This application is for the 2021-2022 fiscal year – September 1, 2021 thru August 31, 2022.

### APPLICANT REQUIREMENTS

- Must be at least 18 years old within one month of beginning service.
- Must have a minimum of a High School Diploma or GED/HSED.
- Must be willing to complete the full term of your service.

### PLEASE READ BELOW BEFORE PROCEEDING

Before you send this application to us, please read the notes below. It is our goal to provide you with a clear concept of your year ahead by sharing with you the expectations and benefits of becoming a Member of one of the greatest AmeriCorps teams in Wisconsin.

- TAP Members must commit to a full term of service (approximately 1,700 hours for full time, or 850 for part-time). It is very important to the future of the program, and to the success of the TAP Member, that no TAP Member leave before they complete their term of service.
- Weekly, quarterly and other reporting is required by TAP Members.
- Full-time TAP Members will receive a living allowance while serving which is paid every other week at a rate of approximately \$549 gross. Final payments are based upon your tax status.
- Full-time TAP Members may receive a basic healthcare insurance plan if they qualify (premium paid by Northwoods NiiJii Enterprise Community, Inc.) which covers only the TAP Member; it is not available to other family members. Help to enroll in the Health Exchange is provided at orientation if necessary.
- TAP Members can receive subsidized childcare (household income must qualify). In most cases, payment is 100% of care costs.
- TAP Members who successfully complete their terms of service may be eligible to receive an education award that could total approximately \$6,000.
- TAP Members living allowances and educational awards are considered taxable. *A change is being considered by legislators, but no updates have been made at this time.*
- TAP Members cannot be employed by their Host Site if conducting same or similar work as service; TAP Members can hold other jobs or be attending school. ***If a TAP Member has another job or is attending school, look carefully at the time commitment TAP will require.***
- TAP Members will be provided with quality training and teambuilding opportunities several times throughout the year.

### Email or Mail a Copy of Your Completed Application to:

Kim Swisher, TAP Program Director

[programdirector@tribalamericorps.com](mailto:programdirector@tribalamericorps.com)

c/o Kim Swisher Communications, LLC.

PO Box 113, Eagle River, WI 54521

Office: (715) 437-0090 Cell: (715) 437-0465

## TRIBAL AMERICORPS (TAP) MEMBER APPLICATION

Name: \_\_\_\_\_  
first middle last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

*\*Please note that all applicants will be submitted for criminal background checks, FBI fingerprinting and DMV checks. Having a history does not mean you are not eligible.*

### EDUCATION

Check the highest level of education you will have completed by the time you begin your service with TAP. (Members must have completed a minimum of a high school diploma or GED/HSED.)

\_\_\_ High School/GED

\_\_\_ Associates Degree

\_\_\_ Bachelors Degree

\_\_\_ Graduate Degree

\_\_\_ Technical School/Apprenticeship

\_\_\_ Masters Degree

\_\_\_ Other (please specify) \_\_\_\_\_

Do you have any additional training or schools you would like to tell us about: (military, trade or technical, correspondence, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

### SITE PREFERENCE

List your first choice, and additional sites you would consider. (List "No Choice" if placement doesn't matter.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*If you have a preference for at serving at a Tribal AmeriCorps site, please list that site. If you are not familiar with our sites, please contact [programdirector@tribalamericorps.com](mailto:programdirector@tribalamericorps.com)*

*\*Note that all TAP Member positions are placed and maintained based on federal funding of AmeriCorps.*

**COMMUNITY SERVICE**

In the space below, describe how you have reached out to help others and how you have been involved in your own community. Elaborate on why you decided to help or get involved, and what you received in return – that is, what you learned or how it made you feel. *Think in broad terms.* Your involvement could include serving in neighborhood, school, youth, religious, social, professional or volunteer groups; helping out with community service projects; or participating in less formal activities such as assisting an elderly neighbor.

How have you been involved in your community? If you served in an organization, include the organization name, location, dates, and phone number. **List most recent activity first.**

Dates of Involvement: From \_\_\_\_\_ To \_\_\_\_\_ Hours Per Month \_\_\_\_\_  
Month/Year Month/Year

Organization Name: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Description of Involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Involvement: From \_\_\_\_\_ To \_\_\_\_\_ Hours Per Month \_\_\_\_\_  
Month/Year Month/Year

Organization Name: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Description of Involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously served in AmeriCorps? Yes No

If so - Program name (check all that apply):

\_\_\_\_ AmeriCorps VISTA    \_\_\_\_ AmeriCorps NCCC    \_\_\_\_ AmeriCorps State and National Program

Location: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
City State Month/Year Month/Year

Did you complete your term of service? Yes No

If no, why not? \_\_\_\_\_

**EMPLOYMENT**

List and briefly describe the last three positions you have held. Begin with the current or most recent and go back ten years. Include self-employment, internships/fellowships, home management, and full or part-time paid or unpaid work experience. ***You may attach a resume instead only if the information requested below is included.***

Name and Address of Employer	Dates	Job Title and Duties
<p><b>Organization, City, State:</b></p>   <p>Supervisor and Phone:</p>	<p>From:</p> <p>To:</p> <p>Hours/week:</p>	<p>Title:</p> <p>Duties:</p> <p>Reason for Leaving:</p>
<p><b>Organization, City, State:</b></p>   <p>Supervisor and Phone:</p>	<p>From:</p> <p>To:</p> <p>Hours/week:</p>	<p>Title:</p> <p>Duties:</p> <p>Reason for Leaving:</p>
<p><b>Organization, City, State:</b></p>   <p>Supervisor and Phone:</p>	<p>From:</p> <p>To:</p> <p>Hours/week:</p>	<p>Title:</p> <p>Duties:</p> <p>Reason for Leaving:</p>

Please explain any period of time greater than six months not accounted for by work, school or military service.

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**MOTIVATIONAL STATEMENT**

Why do you want to join TAP? What could you contribute to TAP? What do you hope to gain from serving as a TAP Member? If you need additional room, attach a separate piece of paper and limit your response to 500 words.

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**SKILLS AND EXPERIENCE**

List below are skill areas that some programs find useful and may seek in applicants for AmeriCorps. Indicate the skill areas in which you have had training or experience, including volunteer or community service experience, and indicate how you gained those skills.

**Example:** Counseling Dorm Advisor

Architecture Planning_____	Business_____
Computers_____	Communications_____
Counseling_____	Conflict Resolution_____
Education_____	First Aid_____
Fine Arts/Crafts_____	Fundraising_____
Law_____	Medicine_____
Public Health_____	Public Speaking_____
Recruitment/Outreach_____	Teaching/Tutoring_____
Trade Skills_____	Writing/Editing_____
Youth Development_____	Other (specify)_____

**2021-2022 TAP Member Application**

Do you know or have you studied any language other than English?  Yes  No

Language: \_\_\_\_\_ Number of Years Studied or Spoken: \_\_\_\_\_

Speaking Ability:      Poor      Fair      Good      Excellent

Writing Ability:      Poor      Fair      Good      Excellent

In the space below or on a separate sheet of paper, provide any additional experience that may be helpful in evaluating your application.

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**LEGAL**

Answer the following questions fully. Existence of criminal conviction or adjudication may or may not, depending on the circumstances, be grounds for non-enrollment. However, any intentional misrepresentation or omission will disqualify you. Do not include minor traffic violations.

**Have you ever been:**

- Convicted of any criminal offense by a civilian court or by military authorities? Yes No
- Adjudicated or held responsible as a juvenile offender of any criminal offense by a civilian court or by authorities? Yes No

**Are you now:**

- Under charges for any offenses or are any civil suits or judgments pending against you? Yes No
- On probation or parole? Yes No

If no, skip to Certification on next page.

If you answered yes to any of the questions above, please provide the following information:

Date: \_\_\_\_\_ Place (City, State): \_\_\_\_\_

Charge: \_\_\_\_\_ Action Taken: \_\_\_\_\_

Court, Probation or Parole Officer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**A conviction record will not necessarily be a hindrance to employment.**

This information will be used only for job-related purposes and only to the extent permitted by applicable law. You may attach any additional information or explanation on a separate sheet.



## CERTIFICATION

Your application must be certified with your original signature in ink.

I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge, and are made in good faith. I understand that misinformation or omission of information could result in disqualification and/or termination as an AmeriCorps Member.

I also understand that my selection for participation in some AmeriCorps programs, including AmeriCorps NCCC, will require a physical examination, including drug and alcohol testing. Background and security checks may also be conducted by some programs.

PRIVACY ACT NOTICE: The Privacy Act of 1974 (5 U.S.C 552a) requires that the following notice be provided to you: The authority for collecting information from you in this application is contained in 42 U.S.C 12592 and 126592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C 4953 of the Domestic Volunteer Service Act of 1973 as amended.

You are advised that submission of the information is entirely voluntary, but the requested information is required in order for you to participate in AmeriCorps programs.

The principal purpose for requesting this personal information is to process your application for acceptance into an AmeriCorps program, and for other general routine purposes associated with your participation in an AmeriCorps program.

These routine purposes may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorize requests, to present and former employers, references provided by you in your application, and educational institutions, for the purpose of verifying the information provided by you in your application. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions.

The information will not otherwise be disclosed to entities outside of AmeriCorps and the Corporation for National Service without your prior written permission.

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Signature

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Date

## Criminal History and Authorization for Background Check and Contingency Verification

### CERTIFICATION

I give permission and authorization for the Tribal AmeriCorps Program and its staff to conduct background and security checks. I understand that my potential enrollment is contingent upon the review and approval of my background check and signed contract.

PRIVACY ACT NOTICE: The Privacy Act of 1974 (5 U.S.C 552a) requires that the following notice be provided to you: The authority for collecting information from you in this application is contained in 42 U.S.C 12592 and 126592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C 4953 of the Domestic Volunteer Service Act of 1973 as amended.

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The information will not otherwise be disclosed to entities outside of the AmeriCorps program and the Corporation for National and Community Service (CNCS) without your prior written permission.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Please include a copy of your Tribal and State identification cards with your application.***

Attached is the Fieldprint and the Wisconsin Background Information Disclosure forms.  
***Please complete both documents and return with this completed application.***

**REFERENCE FORM FOR TRIBAL AMERICORPS POSITION APPLICATION**

*TAP Member – Return to Your Coalition or Site Host.*

*This document can be sent separately from your application.*

*Have one reference complete the form per instructions and return to your Coalition or Site Host.*

TAP Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

AmeriCorps engages more than 85,000 citizens per year in a full-time, result driven service sponsored by hundreds of local and national non-profits. In return, AmeriCorps Members can earn an educational award that will help pay for college or pay back student loans. AmeriCorps Members help communities meet critical challenges in the areas of education, public safety, the environment, and other human needs.

The person named above is applying to be a Wisconsin Tribal AmeriCorps Member. The success of the Tribal AmeriCorps Program largely depends upon an appropriate match between programs and Members. Considerable value is placed on personal references during the application review and selection process. Your input is greatly appreciated.

Name of Reference: \_\_\_\_\_ Title: \_\_\_\_\_

Relationship to TAP Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_

How long have you known the TAP Applicant: Years \_\_\_\_\_ Months \_\_\_\_\_

Please comment on such qualities as the TAP Applicant's level of dependability, initiative and ability to work with minimal supervision.

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In your judgment, how competent is the applicant, as demonstrated by the work in the community, in school, or in a position of responsibility:

Outstanding  Above Average  Satisfactory  Below Average  Non-Satisfactory

In your judgment, how does the applicant relate with others in a working environment:

Works well with others  Usually works well with others  
 Has average working relationships  Does not work well with others

Please comment on the applicants' ability to adapt and work under constantly changing conditions:

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*Please feel free to add any narrative that you feel would be relevant to the applicant serving as a TAP Member.*

## REFERENCE FORM FOR TRIBAL AMERICORPS POSITION APPLICATION

TAP Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**OVERALL**, how would you rate this applicant?

\_\_\_\_\_ I would recommend without hesitation.

\_\_\_\_\_ I recommend as a good candidate.

\_\_\_\_\_ I have some reservations, but believe they have a reasonable chance of success.

\_\_\_\_\_ I have doubts they would be successful.

**Confidentiality Statement:**

\_\_\_\_\_ I authorize the program/and or the Corporation for National Service to identify me as the source of this reference and to release a copy of this reference in its entirety upon request to the applicant.

\_\_\_\_\_ I do not authorize the program and/or the Corporation for National Service to identify me as the source of this reference and to release a copy of this reference in its entirety upon request to the applicant.

Your signature: \_\_\_\_\_

*Thank you for your time. Please return this form in a sealed envelope.*

**TAP MEMBER:**

Mail or give to your Coalition Leader or Site Host

**Ask Coalition Leader or Site Host to Scan and Email to:**

Kim Swisher, Program Director

[programdirector@tribalamericorps.com](mailto:programdirector@tribalamericorps.com)

Office: (715) 437-0090 Cell: (715) 437-0465