

Tribal AmeriCorps Program



2021-2022
TAP Member Application

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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 900 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.
- TAP Members will receive a living allowance while serving which is paid every other week. The full rate is approximately \$615 gross; the part time rate is approximately \$307. 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. The full-time award is approximately \$6,345. Learn more at <https://americorps.gov/members-volunteers/segal-ameri-corps-education-award/find-out-more>.
- 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 conducting same or similar work as service; TAP Members may hold other jobs or be attending school. ***If a TAP Member has another job or is attending school, consider carefully the time commitment TAP will require.***

Email or Mail Your Completed Application to:

Kim Swisher, TAP Program Director

programdirector@tribalamericorps.com

c/o Kim Swisher Communications, LLC.

PO Box 113, Eagle River, WI 54521

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

COMMUNITY SERVICE

In the space below, describe how you have helped others and 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 school, youth, religious, social, professional or volunteer groups; helping out with community service projects; or participating in less formal activities such as assisting an Elder.

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 at least five years. Include self-employment, internships, fellowships, 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>Organization, City, State:</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>Organization, City, State:</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>Organization, City, State:</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.

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.

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)_____

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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 is 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.

Signature

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 BOTH 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.

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:

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.

SEND TO:

Kim Swisher, Program Director
PO Box 113, Eagle River, WI 54521
programdirector@tribalamericorps.com
Office: (715) 437-0090 Cell: (715) 437-0465