



Dane County Department of Human Services  
Division of Prevention & Early Intervention



AmeriCorps

Partners for After School Success (PASS)  
A Community-Based AmeriCorps Program

PASS AmeriCorps Application  
Summer Service

**PERSONAL INFORMATION**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

Are you a U.S. Citizen or Permanent Resident?  Yes  No

I'm able to serve 300 hours between June 13 and August 27, 2022 (30+ hours/week)  Yes  No

Have you successfully completed an AmeriCorps program previously?  Yes  No  
When: \_\_\_\_\_ What program: \_\_\_\_\_

Have you exited an AmeriCorps program **without** receiving an education award?  Yes  No

Are you 18 years of age or older?  Yes  No  
(Applicants under 18 require parental consent to apply)

Will you have a high school diploma or equivalency by June 13, 2022?  Yes  No

HOW DID YOU HEAR ABOUT PASS?

## **EDUCATION INFORMATION**

You may attach a résumé in lieu of completing the next three sections. Respond to questions not addressed in your résumé.

Name & Location of High School or GED program	Did you graduate?	Year diploma was granted

## **Training Beyond High School**

Name & Location of Institution	Dates Attended		Credits Earned	Major Field & Remarks	Degrees Month & Year Received
	From	To			

Other academic honors, training or achievements that will be helpful in evaluating your qualifications.

## **PAID OR VOLUNTEER WORK HISTORY**

Dates of Employment Month/Year	Name & Contact Information of Employer	Job Title and Duties	Reason for Leaving

May we obtain references from your current or previous employers?  Yes  No  
 If no, name and explain exceptions.

If you were ever discharged for cause from employment, state the details.

**REFERENCES**

Please list at least 3 work references familiar with your job qualifications (no relatives or personal friends)

Name	Email Address & Phone Number	Relationship to Applicant

**AVAILABILITY**

Members serving a 300 hour summer term must be available 30+ hours a week serving during the day, M – F, per site need.

Are you available to serve the required hours needed to deliver PASS AmeriCorps activities?  Yes  No

**ADDITIONAL SKILLS**

Do you speak a second language?  Yes  No  
*If yes, which language(s)*

Please list any other unique skills you have that would add to your qualifications.

**MOTIVATIONAL STATEMENT**

Please describe your motivation for serving as an AmeriCorps member with PASS. (Limit 500 words)

## **BACKGROUND CHECK AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

PASS/Dane County conducts background checks on applicants who make it to the final stages of the hiring process. Background checks require full name, date of birth, driver's license number, and current and previous addresses. This information is used for background check purposes only.

Full Name (include middle name):

Any Additional Names Used (maiden, nicknames, etc.):

Date of Birth:

### **Previous & Current Residences**

Please list the street addresses, cities, states, and zip codes where you have resided in the PAST FIVE years.


### **Record of Law Enforcement History**

Have you ever been convicted of any violations of City Ordinances, State or Federal Law including traffic violations? This information will only be used if relevant to the position for which you are applying.

Date	Municipal/County/State	Law Violated	Disposition: Bail, Forfeited, Fined, etc.

I have applied for a position with PASS AmeriCorps with the Dane County Department of Human Services. I authorize this Department to run a complete and thorough criminal background check on me including an FBI fingerprint and state criminal registry checks. I also authorize individual police and/or sheriff's departments to release my records to the Dane County Department of Human Services. I authorize sharing these results within the program. If under 18 and offered a position, parent consent and instructions will be provided to complete the fingerprint. All results are kept in secure location and kept confidential. **Sign electronically if 18 years old and submitting by e-mail. If under 18, you and your parent must sign (real signature) to apply.**

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

Parent signature if under 18 years of age: \_\_\_\_\_ Date: \_\_\_\_\_

**Understanding & Authorization (Please Read Carefully Before Signing)**

I CERTIFY THAT ALL ANSWERS ON THIS APPLICATION AND ANY ATTACHMENTS ARE TO THE BEST OF MY KNOWLEDGE TRUE AND THAT I HAVE NOT WITHHELD ANY PERTINENT INFORMATION.

I UNDERSTAND THAT ANY OMISSION, MISREPRESENTATION OR FALSE INFORMATION SUBMITTED IN CONNECTION WITH THIS APPLICATION MAY RESULT IN REFUSAL OF, OR DISMISSAL FROM THE PROGRAM.

I UNDERSTAND THAT IF ACCEPTED INTO THE PROGRAM THAT I WILL BE ENROLLED AS AN AMERICORPS MEMBER. ALL AMERICORPS MEMBERS MUST BE U.S. CITIZENS OR PERMANENT RESIDENT ALIENS, 17 YEARS OF AGE OR OLDER, AND ARE REQUIRED TO MAKE A 300 HOURS COMMITMENT TO THE PROGRAM. FOR MORE INFORMATION ABOUT AMERICORPS GO TO: [www.nationalservice.gov/programs/ Americorps](http://www.nationalservice.gov/programs/ Americorps).

I AUTHORIZE THE COUNTY TO INVESTIGATE MY RESPONSES ON THIS APPLICATION AND CONTACT ANY OR ALL OF MY FORMER EMPLOYERS OR ANY INDIVIDUALS FAMILIAR WITH ME OR MY EMPLOYMENT BACKGROUND FOR THE PURPOSE OF OBTAINING ANY INFORMATION, WHETHER FAVORABLE OR UNFAVORABLE, ABOUT ME OR MY EMPLOYMENT. I VOLUNTARILY AND KNOWINGLY FULLY RELEASE AND HOLD HARMLESS ANY PERSONS OR ORGANIZATION THAT PROVIDES INFORMATION PERTAINING TO MY EMPLOYMENT OR ME.

IN COMPLIANCE WITH STATE AND FEDERAL LAWS, DANE COUNTY DEPARTMENT OF HUMAN SERVICES AND PASS PARTNER AGENCIES DO NOT UNLAWFULLY DISCRIMINATE AGAINST ANY INDIVIDUAL ON THE BASIS OF AGE, RACE, CREED, COLOR, HANDICAP, MARITAL STATUS, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, OR ANCESTRY.

Sign electronically if 18 years old and submitting by e-mail. If under 18, you and your parent must sign (real signature) to apply.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent signature if under 18 years old** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return your application and a résumé electronically to:**

***Bonnie Erickson***

***PASS AmeriCorps Coordinator***

***Erickson.bonnie@countyofdane.com***