

# *Marshfield Clinic AmeriCorps*

## Membership Application



# Marshfield Clinic<sup>®</sup>

## Center for Community Outreach

2011-2012



Thank you for applying to Marshfield Clinic AmeriCorps. Please complete the attached application.

**MAIL COMPLETED MATERIAL TO:**  
**The local agency you applied with**  
OR

Brian Blahnik (F1C)  
Marshfield Clinic  
1000 North Oak Avenue  
Marshfield WI 54449-5790

**APPLICANT REQUIREMENTS:**

1. Must be able to begin on September 6, 2011
2. Must be at least 21 years old by September 2011
3. Must have a minimum of a High School diploma or GED/HSED
4. Must be willing to serve for up to 12 months and complete the full term of service

**QUESTIONS:**

Contact Brian Blahnik at 800-782-8581, extension 18403  
or email at [blahnik.brian@marshfieldclinic.org](mailto:blahnik.brian@marshfieldclinic.org)

\*All member positions are pending federal funding.

**Member Application**

**PLEASE READ BELOW BEFORE PROCEEDING**

Thank you for applying to Marshfield Clinic AmeriCorps. We look forward to receiving your application.

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

- Members must commit to the full 1700hrs of service. Members usually serve for a period of 10 to 12 months which is negotiated with you at the time of your application. It is very important to the future of the program that no member leave before they complete their term of service.
- Members will receive a living allowance while serving which is paid every other week at a rate of approximately \$465.00. gross. Final payments are based upon your tax status.
- Full-time members receive a basic healthcare insurance plan (premium paid by Marshfield Clinic) which covers only the member; it is not available to other family members. This plan does not include eye or dental care.
- Members can receive subsidized childcare (***household income must qualify***). In most cases, this payment is 100% of care costs.
- Members will receive a \$5,550.00 education award upon successful completion of their term of service.
- Member living allowances and educational awards are considered taxable.
- Members will be expected to serve minimum of 35 – 40 hours per week on average. The schedule is negotiated with your Host Site Supervisor and is flexible.
- **Members must be able to attend the entire member orientation September 6-9, 2011. This is not optional. DO NOT apply if you cannot make the entire training.**
- Members cannot be employed by their host site if conducting same or similar work as service; however members can hold other jobs.
- If a member has another job or school, they will need to look carefully at the time commitment this program will require.
- Members will receive service gear provided by the program.
- Members will gain valuable skills and leadership training, along with building a future reference and qualifications.
- Members will be provided with training & teambuilding opportunities several times throughout the year.

**DO NOT APPLY IF YOU CANNOT:**

*Attend the entire new member orientation September 6-9, 2011  
Cannot complete a one year commitment with minimal living allowance.  
Cannot attend the entire midterm training session January 9-11, 2012*



**COMMUNITY SERVICE**

In the space below, describe how you have reached out to help others and/or how you have been involved in your own community. Elaborate on why you decided to help out 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 it addresses the information requested below.)

Name and Address of Employer	Dates	Job Title and Duties
Organization, city/state:     Supervisor and Phone:	From:   To:   Hours/week:	Title:  Duties:  Reason for Leaving:
Organization, city/state:     Supervisor and Phone:	From:   To:   Hours/week:	Title:  Duties:  Reason for Leaving:
Organization, city/state:     Supervisor and Phone:	From:   To:   Hours/week:	Title:  Duties:  Reason for Leaving:

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 AmeriCorps? What could you contribute to AmeriCorps? What do you hope to gain from serving as an AmeriCorps 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)_____



**LEGAL**

Answer the following questions fully. Existence of criminal conviction/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" below.

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 bar 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 974 (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 \_\_\_\_\_

*This document can be sent separately from your application. Have your reference complete the form and mail to the addresses provided on the last page.*

### **Reference Form for AmeriCorps Position Application**

AmeriCorps applicant name: \_\_\_\_\_

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

AmeriCorps engages more than 40,000 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 an AmeriCorps member. The success of AmeriCorps 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 applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

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

How long have you known the applicant: Years \_\_\_\_\_ Months: \_\_\_\_\_

Please comment on such qualities as the applicants' 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 comments that you feel would be relevant to the applicant serving as an AmeriCorps member.*

**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 an Envelope, signed across the seal.***

Mail to:

Brian Blahnik  
Marshfield Clinic (F1C)  
1000 North Oak Avenue  
Marshfield WI 54449-5790