MAKE A DIFFERENCE IN YOUR COMMUNITY AND IMPACT YOUR LIFE!
JOIN AMERICORPS!

Eligibility Requirements:
• Be at least **17 years of age** at the start of program
• Attending high school or college and in good academic standing (GPA: 3.0/ Average: 80+)
• Be a U.S. citizen or legal permanent resident alien
• Be able to dedicate at least **675 hrs.-900hrs.** of service over a period of 9-10 months (including some weekends)
• Agree to complete background checks

Benefits:
• Bi-weekly living allowance/stipend (Amount TBD)
• Segal Education Award (Amount TBD)
• Develop life-long skills through free workshops and trainings
• Develop financial literacy
• Build citizenship
• Contribute to community development
• Improve the lives of others
• Gain valuable work experience
• Professional development
• Networking
• Career exploration
• Pathways to employment
• College guidance
• Many colleges match the Segal Education award
• FASFA workshops and college prep
• Family support through Single-Stop

To apply: Print and complete the forms below and submit to:
Sue-Naina Alam:
Email: salam@grandsettlement.org
Office phone #: 212-674-1740 Ext: 3106
Enrollment Deadline: 9/26/2018

APPLY NOW!
POSITION DESCRIPTION

POSITION:  AmeriCorps Member: Group Leader Assistant
DEPARTMENT:  Youth Services
LOCATION:  Manhattan or Brooklyn
REPORTS TO:  AmeriCorps and Site Director and Assistant Directors
SALARY:  N/A—Stipend and Segal Education Award
DATES:  Approx. October, 2018 – August, 2019
SCHEDULE:  M-F Evening (3pm- 8pm) + some weekends

JOB SUMMARY:  As part of our Youth Services Department and AmeriCorps’ vision: all AmeriCorps members will assist in promoting growth, leadership and positive self-image in all young people at all of our Grand Street Settlement sites. Group Leader Assistants will promote and develop a safe and engaging learning environment for youth. Recreational activities, team building activities/games, theme based lessons, and trips are integral parts of afterschool activities.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

AmeriCorps
• Follow all Grand Street Settlement (GSS), AmeriCorps, and DYCD policies and procedures
• Attend all AmeriCorps meetings, trainings, workshops, events, and community service days
• Responsible for completing 675-900 hours by August 2019
• Responsible for tracking hours and meeting contracted hours weekly
• Complete daily Activity Logs
• Demonstrate leadership and professionalism
• Promote volunteerism

Orientation/ Training
• Must complete AmeriCorps orientation and any placement site specific orientation and trainings

Supervise Participants
• Problem solve and intervene directly with youth in groups
• Assists Group Leader in supervising participants during activities and trips
• Set up proper boundaries and build respectful relationships with participants, staff, and fellow AmeriCorps members

Facilitate Afterschool Activities
• Assist Group Leader in researching, designing, and implementing afterschool curriculum
• Assist in facilitating group management and activities
• Work collaboratively with Grand Street Settlement Staff and fellow AmeriCorps members
• Know and follow daily in-house and trip schedules and procedures
• Create a culture of positive group cohesiveness among participants, staff, and fellow AmeriCorps members
• Assist participants in completing assignments/ home-work

Ensure Safety
• Must be able to help Group Leader supervise a group of children and participate in activities and trips; provide and maintain a safe working environment
• Help maintain a clean and organized learning environment
• Help maintain adequate supplies in first aid and safety kits
• Help maintain medical and contact information for each participant
• Know and adhere to all regulations and procedures outlined in safety plan and AmeriCorps Handbook
• Report safety issues to program supervisors and Group Leaders

Other
• Communicate regularly and appropriately with all supervisors and Group Leaders
• Act as a role model and mentor to participants
• Complete all other necessary paperwork that is required
• Come ready to work with a positive attitude
• Other assignments as required

NB: Copies of applications, reference forms, and medical forms can be requested via emailed or collected at the front desk of GSS on 80 Pitt St.

Enrollment Deadline: 9/26/2018
PERSONAL PROFILE

1. NAME: ____________________________________________
   LAST                     FIRST                     MIDDLE

2. Are you a United States citizen, national, or lawful permanent resident alien? □ Yes  □ No
   If you are a lawful permanent resident alien and you received your card after January 1987,
   what is your registration number and card expiration date? ______________________

3. SOCIAL SECURITY NUMBER: _____ - ____ - _______

4. DATE OF BIRTH: _____________________________________________________________
   MONTH/DAY/YEAR

5. PLACE OF BIRTH: _____________________________________________________________
   CITY/STATE/COUNTRY

6. GENDER: □ Male  □ Female

7. Earliest date you are available to begin service: _________________________________
   MONTH/DAY/YEAR

8. CURRENT ADDRESS: All information will be sent to this address unless you notify us of a change.
   _____________________________________________________________
   ___________________________ ___________________________ ______________
   NUMBER AND STREET (IF POSSIBLE, INCLUDE A NUMBER AND STREET ADDRESS WHEN USING A P.O. BOX)
   ___________________________ ___________________________ ______________
   CITY                      STATE                      ZIP CODE
   Home Phone (____)______________________ Work Phone (____)______________________
   Cell Phone (____)______________________ E-Mail _________________________________

9. PERMANENT ADDRESS: (if different than above) – Please give the name and address of a
   person through whom you can always be reached:
   Name: ____________________________________________ Relationship: __________________
   ___________________________ ___________________________ ______________
   NUMBER AND STREET (IF POSSIBLE, INCLUDE A NUMBER AND STREET ADDRESS WHEN USING A P.O. BOX)
   ___________________________ ___________________________ ______________
   CITY                      STATE                      ZIP CODE
   Home Phone (____)______________________ Work Phone (____)______________________
   Cell Phone (____)______________________ E-Mail _________________________________
EDUCATION

10. Check the highest level of education that you will have completed by the time you are planning to serve in AmeriCorps. (Check only one.)

- [ ] Some high school
- [ ] High school diploma or GED
- [ ] Technical school/Apprenticeship
- [ ] Associate’s degree
- [ ] Some college
- [ ] Other (please specify): ________________________________
- [ ] Graduate degree
- [ ] Bachelor’s degree

11. List all schools after elementary school that you have attended, including trade or technical schools, military training, and employment training programs.

<table>
<thead>
<tr>
<th>Name of School (List most recent first)</th>
<th>Location (City/State)</th>
<th>Dates Attended From (Month/Yr)</th>
<th>To (Month/Yr)</th>
<th>Major or Area of Study</th>
<th>Type of Degree or Certificate</th>
<th>Date Received or Expected</th>
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12. COMMUNITY SERVICE (Previous service is not always a requirement.)

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 serve or get involved, and what you received in return – that is, what you learned or how it made you feel. Attach a separate sheet of paper if you need more space.

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

13. VOLUNTEER EXPERIENCE

If you served in an organization, include the organization name, location, dates and phone number. List your most recent activity first. Attach a separate sheet of paper if you need more space.

A. DATES OF INVOLVEMENT  From: ____________ To: ____________  Hours/Month: ______

   Organization Name: ____________________________  Location: ______________________

   Supervisor: ____________________________  Phone: (____)___________________

   Description of Involvement: ____________________________

   ______________________________________________________________________

   ______________________________________________________________________

   ______________________________________________________________________

   ______________________________________________________________________

   ______________________________________________________________________
B. DATES OF INVOLVEMENT  From: ____________ To: ____________ Hours/Month: ______

Organization Name: ___________________ Location: ___________________

Supervisor: ___________________________ Phone: (____)___________________

Description of Involvement: ____________________________________________________

___________________________________________________________________________

14. Have you previously served in AmeriCorps? ☐ Yes ☐ No

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 ☐ N/A

If no, why not? _____________________________________________________________

EMPLOYMENT

15. List and briefly describe your work experience. Begin with the current or most recent and go back ten years. Include self-employment, internships/fellowships and full- or part-time paid or unpaid work experience. (You may attach a resume instead, but only if it addresses the information requested below.)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF EMPLOYER</th>
<th>DATES</th>
<th>JOB TITLE AND DUTIES</th>
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<tbody>
<tr>
<td>A. Organization, City/state:</td>
<td>From:</td>
<td>Title: __________________________</td>
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<td>MONTH/YEAR</td>
<td>Duties: __________________________</td>
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<td>To:</td>
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<td>MONTH/YEAR</td>
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<td>Hrs/Week:</td>
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<td>Supervisor: Phone and e-mail</td>
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</table>

| B. Organization, City/state: | From: | Title: __________________________ |
| | MONTH/YEAR | Duties: __________________________ |
| | To: | |
| | MONTH/YEAR | Reason for leaving: __________________ |
| | Hrs/Week: | |
| | | |
| Supervisor: Phone and e-mail | | |
16. Explain any period of time greater than six months not accounted for by work, school or military service.

___________________________________________________________________________

___________________________________________________________________________

MOTIVATIONAL STATEMENT

17. Why do you want to join AmeriCorps? What could you contribute to your AmeriCorps project? 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.

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

SKILLS AND EXPERIENCE

18. Listed 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__

☐ Communications  __________________________________________________________

☐ Community Organization/Development  ________________________________________

☐ Computers/Technology  _____________________________________________________

☐ Conflict Resolution  ________________________________________________________

☐ Counseling  ______________________________________________________________

☐ Fine Arts  _________________________________________________________________

☐ First Aid  _________________________________________________________________

☐ Fundraising  ______________________________________________________________

☐ Leadership  _______________________________________________________________
SKILLS AND EXPERIENCE (Continued)

☐ Public Speaking ________________________________
☐ Recruitment ______________________________________
☐ Teaching/Tutoring ________________________________
☐ Trade/Construction __________________________________
☐ Writing/Editing _____________________________________
☐ Youth Development ___________________________________
☐ Other (specify): ______________________________________

19. Do you know or have you studied any language(s) other than English? ☐ Yes ☐ No

A. Language: ________________ Number of Years Studied or Spoken: _________
   Speaking Ability: ☐ Poor ☐ Fair ☐ Good ☐ Excellent
   Writing Ability: ☐ Poor ☐ Fair ☐ Good ☐ Excellent

B. Language: ________________ Number of Years Studied or Spoken: _________
   Speaking Ability: ☐ Poor ☐ Fair ☐ Good ☐ Excellent
   Writing Ability: ☐ Poor ☐ Fair ☐ Good ☐ Excellent

LEGAL

20. Have you ever been convicted, or adjudicated as a juvenile offender, or any criminal offense by either a civilian or military court, other than minor traffic violations? ☐ Yes ☐ No
   Are you now:
   • Under charges for any offenses? ☐ 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: ____________________________
      MONTH/DAY/YEAR CITY STATE
   Charge: ____________________ Action Taken: ______________________
   Court, Probation, or Parole Officer: ______________________ Phone: (___)__________
   Address: ______________________________________________________
      STREET ADDRESS CITY STATE ZIP CODE

   You may attach any additional information or explanation on a separate sheet.
CERTIFICATION

Your application must be certified with your original signature in ink. If you are applying to more than one AmeriCorps program, make a copy for each program that you’re applying to first, then sign each one.

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 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 authorized 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 and Community Service without your prior written permission.

____________________________________________________________________________________

SIGNATURE ___________________________ DATE ________________________

For Parent or Guardian of Applicants Under 18 Years of Age:
I have reviewed this application and I authorize my son/daughter/legal ward to apply to AmeriCorps.

____________________________________________________________________________________

SIGNATURE ___________________________ DATE ________________________

Name: ___________________________________________ Relationship: _______________________

Phone: (____)___________________ E-Mail: ______________________________

Address: ____________________________________________________________

STREET ADDRESS ______________________ CITY ______________________ STATE ______ ZIP CODE __
DOCUMENT CHECK LIST

IMPORTANT: When submitting your application, please check off that you have included the following documents with it.

- AC application
- Reference #1
- Reference #2
- Reference #3
- Medical Forms
- Copy of S.S. card
- Copy of NYS ID/ US Passport/ Green Card
- Copy of Birth certificate
- Copy of HS / College transcript/ Diploma
- Resume
- Met application deadline

Notes:
HOUSEHOLD MEMBERS ~DO NOT USE THIS FORM~

Caregiver Medical Statement (All Modalities)

INSTRUCTIONS

- A signature is required on both pages of this form.
- Only a health care provider (physician, physician's assistant, nurse practitioner) may complete and sign the Medical Condition section.
- A registered nurse is **NOT** authorized to sign the Medical Condition section.
- A health care provider may use an equivalent form as long as the information on this form is included.

Submit
Maintain On-Site

Applicant Name:_________________________________________ Date of Birth:_________________________

Typical Duties of Day Care Program

- Lifting and carrying children
- Close contact with children
- Direct supervision of children
- Desk work
- Driver of vehicle
- Food preparation
- Facility maintenance
- Evacuation of children in an emergency

Medical Condition

Date of Exam: _____ / _____ / ______

On the basis of my findings and on my knowledge of the above-named individual, I find that:

- He/she is physically fit to provide child day care and perform the duties listed above.  
  YES (symptom free)  NO (NOT symptom free)

- He/she is currently not exhibiting signs or symptoms of a communicable disease that could be transmitted during day care.  
  YES (symptom free)  NO (NOT symptom free)

- He/she is currently not exhibiting signs or symptoms suggestive of an emotional or psychological disorder that would hinder his/her ability to care for children.  
  YES (symptom free)  NO (NOT symptom free)

For any “No” responses, indicate Restrictions: ________________________________________________________

______________________________________________________

______________________________________________________

______________________________________________________

______________________________________________________

__________________________
Signature (physician, physician's assistant, nurse practitioner)

Name (Please PRINT clearly) ___________________________ Title ___________________________

( ) - / / Phone ___________________________ Date ___________________________

(Continued on reverse)
HOUSEHOLD MEMBERS ~DO NOT USE THIS FORM~

Caregiver Medical Statement (All Modalities)

INSTRUCTIONS

- A health care provider (physician, physician’s assistant, nurse practitioner) or a registered nurse (as part of their duties at a health care facility) may enter the Mantoux results in the TB section and sign this page.

Applicant Name: ___________________________ Date of Birth: ___________________________

Following to be completed by Health Professional ONLY

Tuberculin Test Information

Test Read on: ___________________________ Reason: ___________________________

If applicant was previously Positive, indicate date: ___________________________

Mantoux Result: □ Positive □ Negative □ Not Tested □ State Medical Exemption

If positive, does this person’s contact with children enrolled in child care pose a risk to the children’s health and safety? □ Yes □ No

Signature (physician, physician’s assistant, nurse practitioner OR a registered nurse)

Name (Please PRINT clearly) ___________________________ Title ___________________________

Phone ( ) - ______ / ______ / ______ Date ___________________________
MEMBER APPLICATION REFERENCE FORM 1

Applicant: Please fill out the section below and give this form to each of your references.

Name of Applicant: 

__________________________ ___________________ ___________________
LAST FIRST MIDDLE

Address: 

__________________________ ___________________ ___________________
NUMBER AND STREET CITY STATE ZIP CODE

Home Phone: _______________________ Cell Phone: _______________________

Reference Provider: Please answer the following questions to the best of your ability.

1. How long have you known the applicant? _____ Years _____ Months

2. How do you know the applicant? ___________________________________

Please rate the applicant using the following scale:
5 = Excellent 4 = Good 3 = Average 2 = Fair 1 = Poor

Work Performance:
Dependability: 5 4 3 2 1 N/A
Initiative: 5 4 3 2 1 N/A
Adaptability/Flexibility: 5 4 3 2 1 N/A
Reliability: 5 4 3 2 1 N/A
Time Management: 5 4 3 2 1 N/A
Work Ethic: 5 4 3 2 1 N/A
Ability to Work Independently: 5 4 3 2 1 N/A

Comments:

__________________________________________________________________
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**Interpersonal Skills:**

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<th>Skill</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
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<tbody>
<tr>
<td>Communication Skills</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Creativity</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
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<tr>
<td>Open-Mindedness</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
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<td>Leadership Ability</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>N/A</td>
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<td>Ability to Work in a Team</td>
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<td>3</td>
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<tr>
<td>Positivity and Attitude</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
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<td>Openness to Feedback</td>
<td>5</td>
<td>4</td>
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<td>N/A</td>
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<td>Trustworthiness</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
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<tr>
<td>Emotional Maturity</td>
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<td>4</td>
<td>3</td>
<td>2</td>
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<td>N/A</td>
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Comments:

________________________________________
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**What is your overall recommendation?**

I highly recommend the applicant without reservation.

I recommend the applicant as a good candidate.

I have some reservations, but I believe the applicant could succeed with training and guidance.

I have substantial doubts about the applicant.

I do not recommend this applicant for AmeriCorps service.

Comments:

________________________________________
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Name of Reference Provider:

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Position/Title: _________________________________________________

Organization: _________________________________________________

Address:

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Work Phone: ________________________    Email: ________________________________

Please seal the completed form in an envelope, sign across the seal and return it to the applicant, or mail it to:

Sue-Naina Alam,
AmeriCorps Program Director
Grand Street Settlement
175 Delancey Street, New York, NY 10002
**MEMBER APPLICATION REFERENCE FORM 2**

**Applicant:** Please fill out the section below and give this form to each of your references.

Name of Applicant:  ______________________________________

____________________________________________________________________________

LAST     FIRST    MIDDLE  
____________________________________________________________________________

Address:  ____________________________________________________________

____________________________________________________________________________

NUMBER AND STREET        CITY   STATE  ZIP CODE  
____________________________________________________________________________

Home Phone: _______________________         Cell Phone: ___________________________

Reference Provider: Please answer the following questions to the best of your ability.

1. How long have you known the applicant?  _____ Years _____ Months

2. How do you know the applicant?  ___________________________________

Please rate the applicant using the following scale:

5 = Excellent  4 = Good  3 = Average  2 = Fair  1 = Poor

**Work Performance:**

Dependability:  5  4  3  2  1  N/A

Initiative:  5  4  3  2  1  N/A

Adaptability/Flexibility:  5  4  3  2  1  N/A

Reliability:  5  4  3  2  1  N/A

Time Management:  5  4  3  2  1  N/A

Work Ethic:  5  4  3  2  1  N/A

Ability to Work Independently:  5  4  3  2  1  N/A

Comments:

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Page 1 of 3
**Interpersonal Skills:**

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Comments:

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**What is your overall recommendation?**

I highly recommend the applicant without reservation.

I recommend the applicant as a good candidate.

I have some reservations, but I believe the applicant could succeed with training and guidance.

I have substantial doubts about the applicant.

I do not recommend this applicant for AmeriCorps service.

Comments:

____________________________________________________________________________
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Page 2 of 3
Name of Reference Provider:

______________________________________________________________________

LAST     FIRST         MIDDLE

Position/Title: _________________________________________________

Organization: __________________________________________________

Address: ______________________________________________________________________________

NUMBER AND STREET        CITY   STATE  ZIP CODE

Work Phone: __________________________    Email: ________________________________

Please seal the completed form in an envelope, sign across the seal and return it to the applicant, or mail it to:

Sue-Naina Alam,  
AmeriCorps Program Director  
Grand Street Settlement  
175 Delancey Street, New York, NY 10002
Member Application Reference Form 3

Applicant: Please fill out the section below and give this form to each of your references.

Name of Applicant:
____________________________________________________________________________

LAST     FIRST    MIDDLE
Address:
____________________________________________________________________________

NUMBER AND STREET        CITY   STATE  ZIP CODE

Home Phone: _______________________         Cell Phone: ___________________________

Reference Provider: Please answer the following questions to the best of your ability.

1. How long have you known the applicant?  _____ Years _____ Months

2. How do you know the applicant?  ___________________________________

Please rate the applicant using the following scale:
5 = Excellent          4 = Good          3 = Average          2 = Fair          1 = Poor

Work Performance:
Dependability:     5 4 3 2 1 N/A
Initiative:       5 4 3 2 1 N/A
Adaptability/Flexibility: 5 4 3 2 1 N/A
Reliability:      5 4 3 2 1 N/A
Time Management:  5 4 3 2 1 N/A
Work Ethic:       5 4 3 2 1 N/A
Ability to Work Independently: 5 4 3 2 1 N/A

Comments:
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**Interpersonal Skills:**

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Comments:

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**What is your overall recommendation?**

I highly recommend the applicant without reservation.

I recommend the applicant as a good candidate.

I have some reservations, but I believe the applicant could succeed with training and guidance.

I have substantial doubts about the applicant.

I do not recommend this applicant for AmeriCorps service.

Comments:

____________________________________________________________________________
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____________________________________________________________________________
Name of Reference Provider:

__________________________________________________________________________

LAST         FIRST         MIDDLE

Position/Title: _____________________________________________________________

Organization: _____________________________________________________________

Address:
_________________________________________________________________________

NUMBER AND STREET        CITY       STATE       ZIP CODE

Work Phone: _______________    Email: ________________________________

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applicant, or mail it to:

Sue-Naina Alam,
AmeriCorps Program Director
Grand Street Settlement
175 Delancey Street, New York, NY 10002

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