



Grand
SETTLEMENT

MAKE A DIFFERENCE IN YOUR COMMUNITY AND
IMPACT YOUR LIFE!

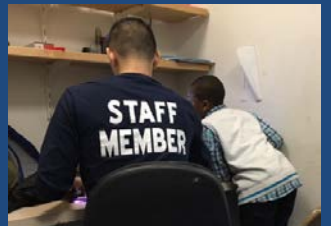
JOIN AMERICORPS!

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



AMERICORPS APPLICATION

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: _____
FIRST LAST

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 Associate's degree Graduate degree
 High school diploma or GED Some college Other (please specify): _____
 Technical school/Apprenticeship 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.

Name of School (List most recent first)	Location (City/State)	Dates Attended		Major or Area of Study	Type of Degree or Certificate	Date Received or Expected
		From (Month/Yr)	To (Month/Yr)			

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: _____
MONTH/YEAR MONTH/YEAR

Organization Name: _____ Location: _____

Supervisor: _____ Phone: (____) _____

Description of Involvement: _____

B. DATES OF INVOLVEMENT From: _____ To: _____ Hours/Month: _____
MONTH/YEAR MONTH/YEAR

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.)*

NAME AND ADDRESS OF EMPLOYER	DATES	JOB TITLE AND DUTIES
A. Organization, City/state: _____ _____ Supervisor: Phone and e-mail _____ _____	From: _____ <small>MONTH/YEAR</small> To: _____ <small>MONTH/YEAR</small> Hrs/Week: _____	Title: _____ Duties: _____ _____ Reason for leaving: _____ _____
B. Organization, City/state: _____ _____ Supervisor: Phone and e-mail _____ _____	From: _____ <small>MONTH/YEAR</small> To: _____ <small>MONTH/YEAR</small> Hrs/Week: _____	Title: _____ Duties: _____ _____ Reason for leaving: _____ _____

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: (____) _____
NAME

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

- (CHECK ONE) Provider Substitute Volunteer
 Director Assistant Teacher
 Other Staff

Statement (All Modalities)

INSTRUCTIONS



Submit



Maintain On-Site

- 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

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)

Tear Here



HOUSEHOLD MEMBERS ~DO NOT USE THIS FORM~

Caregiver Medical Statement (All Modalities)

(CHECK ONE) Provider Substitute Volunteer
 Director Assistant Teacher
 Other Staff

INSTRUCTIONS



Submit



Maintain
On File

- 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: _____
(mm / dd / yyyy)

Not Tested Reason: _____
State Medical Exemption

If applicant was previously Positive, indicate date:
_____ (mm / dd / yyyy)

Mantoux Result: Positive Negative _____ mm

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
-------	------

Tear Here



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
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Address:

NUMBER AND STREET	CITY	STATE	ZIP CODE
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Home Phone: _____ Cell Phone: _____

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

- How long have you known the applicant? _____ Years _____ Months
- 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:



Interpersonal Skills:

Communication Skills:	5	4	3	2	1	N/A
Creativity:	5	4	3	2	1	N/A
Open-Mindedness:	5	4	3	2	1	N/A
Leadership Ability:	5	4	3	2	1	N/A
Ability to Work in a Team:	5	4	3	2	1	N/A
Positivity and Attitude:	5	4	3	2	1	N/A
Openness to Feedback:	5	4	3	2	1	N/A
Trustworthiness:	5	4	3	2	1	N/A
Emotional Maturity:	5	4	3	2	1	N/A

Comments:

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:



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 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
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Home Phone: _____ Cell Phone: _____

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

- How long have you known the applicant? _____ Years _____ Months
- 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:



Interpersonal Skills:

Communication Skills:	5	4	3	2	1	N/A
Creativity:	5	4	3	2	1	N/A
Open-Mindedness:	5	4	3	2	1	N/A
Leadership Ability:	5	4	3	2	1	N/A
Ability to Work in a Team:	5	4	3	2	1	N/A
Positivity and Attitude:	5	4	3	2	1	N/A
Openness to Feedback:	5	4	3	2	1	N/A
Trustworthiness:	5	4	3	2	1	N/A
Emotional Maturity:	5	4	3	2	1	N/A

Comments:

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:



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.

- How long have you known the applicant? _____ Years _____ Months
- 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:



Interpersonal Skills:

Communication Skills:	5	4	3	2	1	N/A
Creativity:	5	4	3	2	1	N/A
Open-Mindedness:	5	4	3	2	1	N/A
Leadership Ability:	5	4	3	2	1	N/A
Ability to Work in a Team:	5	4	3	2	1	N/A
Positivity and Attitude:	5	4	3	2	1	N/A
Openness to Feedback:	5	4	3	2	1	N/A
Trustworthiness:	5	4	3	2	1	N/A
Emotional Maturity:	5	4	3	2	1	N/A

Comments:

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:



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**