



SUPERIOR AMERICORPS

BHK Child Development Board — Administrative Agency

700 Park Avenue, Houghton, Michigan 49931

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800-236-5657

Email

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Fax

906-482-7329

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www.superioramericorps.org

Stacy Crouch, Program Director

Dear Applicant:

Do you want to make a difference? In Superior AmeriCorps, you will. Members serve in local schools, preschools and non-profit agencies in an effort to fulfill our primary focus: education.

Enclosed in this Application Packet please find:

- Tentative Service Descriptions 2010-2011 (2 pages)
- Site Preference Form (1 page)
- Application Form (4 pages)

The Service Descriptions information will give you an idea about different service options. After reviewing the descriptions, complete the one-page Site Preference Form and the four-page Application Form and mail these forms to:

Superior AmeriCorps
700 Park Ave.
Houghton, MI 49931

What do members receive? In return for a year of service, members earn:

- \$13,000 living allowance
- \$5,350 educational award (upon successful completion of service)
- Member healthcare benefits
- Educational loan forbearance
- Professional training
- Childcare benefits (if income eligible)

For more information about our program, please visit www.superioramericorps.org If you have any questions, please call me at 906-487-6600 X 152 or 800-236-5657.

Sincerely,

Stacy Crouch
Program Director

Tentative AmeriCorps Service Descriptions 2010-2011

Superior AmeriCorps currently has service sites in five western Upper Peninsula Counties: Baraga, Dickinson, Houghton, Iron and Keweenaw. Members' on-site service typically fall into one of three categories: school-based youth outreach, early education or community organizations. All members must participate in mandatory trainings, volunteer recruitment efforts and service projects. While the on-site service schedules are usually fairly fixed, some evening and weekend service is required, particularly for the planning and execution of service projects. Members are required to serve 1,720 hours in a 10-, 11- or 12-month contract.

School-Based Youth Outreach

Members based in area elementary schools, middle schools and high schools will serve under the supervision of a lead teacher, principal or superintendent. School-based youth outreach members will provide a variety of services such as tutoring, mentoring and developing extracurricular activities (clubs, after school homework help, etc.). Members will work directly with students and school personnel to identify the most urgent needs and initiate programs to meet those needs. To serve effectively, members must be able to listen, lead, and most importantly, inspire young people to take an active role in shaping their own futures.

Early Education

Members serving in early education settings will help in preschool classrooms by working directly with children and enhancing the quality of care by increasing the adult-to-child ratio, daily routine and quality of the learning environment. Members will also work with parents to ensure the best educational experience for children. Other services may include recruiting parent volunteers, setting up latch-key programs, coordinating parent activities, organizing toy-lending libraries or parenting resource materials, setting up field trips and other special events, and coordinating opportunities for other community members — such as teens or the elderly — to participate in preschool programs. Please read the following descriptions for more details on each of the early education service sites.

Preschool

Members placed in BHK preschool classrooms will spend the majority of their time serving preschool-aged children to assist with improving the child's school readiness. Preschool-based members will also spend time working with special-needs preschool children, enhancing classroom education.

Even Start

Member(s) will assist with the BHK Even Start program, which serves teen mothers, low-income parents and other at-risk families. The member will assist with parent-education classes, visit classrooms of Even Start children to provide educational support, assist students in earning their G.E.D. and serve as a jobs coach for parents transitioning from unemployment to school or work. The member will continually encourage parents to be active participants in their child's education.

Wellness

The member that serves in this position will be placed in the BHK Child Development Board Wellness Department. This member will enhance the preschool wellness services offered to Baraga, Houghton and Keweenaw counties by implementing preschool physical activities and classroom wellness events. This member will provide support with the child obesity prevention program and help to enhance health-related programs offered to parents and children.

Community Organizations

Members serving in this capacity will enhance community educational experiences. The following descriptions provide more details on these community service sites.

Big Brothers Big Sisters— located in Hancock, Michigan

The member will assist in a variety of projects working with youth. The member will serve with the High Five Mentoring program, a school-based mentoring program, matching elementary student referrals to high school mentors. In addition, the member will provide orientation, training and support to the mentors, monitor activity logs, provide feedback and administer evaluations. This position requires travel to and from different high schools.

Little Brothers/Friends of the Elderly Volunteer Outreach – located in Hancock, Michigan

The member placed here will spend the majority of their time in service to the elderly and recruiting volunteers — especially youth — to help provide services. Members will work in the visiting program and help with social activities such as holiday functions and parties and will recruit, train and coordinate volunteers to provide direct services such as transportation, wood cutting, snow shoveling, etc.

Western U.P. Center for Science, Mathematics & Environmental Education- located on Michigan Technological University's campus in Houghton, Michigan

The member serving at the center will assist in providing school-based and community education programming serving 19 school districts and communities in Houghton, Baraga, Ontonagon, Gogebic and Keweenaw Counties. The Center facilitates partnerships that support local youth-led stewardship projects that meet a community need, which directly or indirectly protect Lake Superior and its watershed. The member will assist partner schools in implementing school-community projects, support hands-on learning experiences for students, assist in leading field trips for students and conduct a family outing program, as well as coordinate science fair classroom presentations and after-school science programs.

SUPERIOR AMERICORPS
Site Preference Sheet
2010-2011

Applicant Name: _____

Phone Number: _____

Address: _____

E-mail: _____

Although we cannot guarantee a particular position, we would like to honor your geographical preferences as much as possible. Please indicate which county/counties you wish to serve:

- Baraga County
- Houghton County
- Iron or Dickinson Counties

Based on the attached descriptions, please indicate your first, second and third choices for specific positions.

- School-Based Youth Outreach**
 - Elementary
 - Middle School
 - High School

- Early Childhood Education**
 - Preschool
 - Wellness
 - Even Start

- Community Organizations**
 - Big Brothers Big Sisters
 - Little Brothers Friends of the Elderly
 - Western U.P. Center for Science, Mathematics & Environmental Education

Please list any dates/times that you **cannot** interview between June 28th and August 20th:

Please return this form and the four-page application form to:

Superior AmeriCorps
700 Park Avenue
Houghton, MI 49931



Application for:
Superior AmeriCorps
700 Park Avenue
Houghton, MI 49931

PLEASE FILL OUT ALL FOUR PAGES COMPLETELY.
THANK YOU FOR YOUR INTEREST IN SUPERIOR AMERICORPS.

HOW DID YOU HEAR ABOUT AMERICORPS? _____

I. APPLICANT PROFILE

NAME: _____
Last First Middle
_____ GENDER: Male Female
Previous name / aliases / maiden name / etc.

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

PLACE OF BIRTH (City, State, Country): _____

ARE YOU A UNITED STATES CITIZEN, NATIONAL, OR LAWFUL PERMANENT RESIDENT ALIEN? YES NO
If you received your lawful permanent resident alien card after January 1987, please indicate the registration number and the card's expiration date: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? If yes, License # _____ State: _____

DO YOU HAVE YOUR OWN MEANS OF TRANSPORTATION? YES NO

CURRENT ADDRESS: (All information will be sent to this address) How Long At Current Address?: _____

Number and Street City State Zip Code

Home Phone Cell Phone Work Phone

EMAIL ADDRESS: _____

PERMANENT ADDRESS (If different):

Number and Street City State Zip Code

Home Phone Cell Phone

II. COMMUNITY INVOLVEMENT

AmeriCorps is a national community service program. Have you ever participated in a national service program or local community service organization? Please list and describe any community service that you have performed whether paid or volunteer. Include neighborhood, school, youth, religious, social, professional, and volunteer groups, community service projects, and other relevant activities. Think in broad terms. Explain why you decided to serve or get involved.

III. MOTIVATIONAL STATEMENT

We would like to understand more about you and your reasons for applying to AmeriCorps. Share the experience(s) that have made you the person you are today and how it sparked your interest in community service. If you need additional space, attach a separate piece of paper and limit your total response to 500 words.

IV. SKILLS

Describe other experiences or skills that qualify you for service with Superior AmeriCorps.

V. EDUCATION & TRAINING

	NAME AND LOCATION	DATES ATTENDED		TYPE OF DEGREE OR CERTIFICATE
		FROM	TO	
High School:	_____			
College:	_____			
College:	_____			
Other: trade or technical school, military, etc.	_____			

LIST ANY SPECIAL CERTIFICATIONS AND DATE(S) RECEIVED

VI. EMPLOYMENT HISTORY

List the last three positions held, beginning with your current or most recent job. Complete this section even if you include a resume.

A. EMPLOYER: _____ YOUR TITLE: _____

CITY _____ STATE _____ ZIP CODE _____ (_____) _____
PHONE NUMBER: _____

NAME OF SUPERVISOR: _____ HOURS PER WEEK: _____ FROM: / TO: /

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT: YES NO

B. EMPLOYER: _____ YOUR TITLE: _____

CITY STATE ZIP CODE PHONE NUMBER:

NAME OF SUPERVISOR: _____ HOURS PER WEEK: _____ FROM: / TO: /

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT: YES NO

C. EMPLOYER: _____ YOUR TITLE: _____

CITY STATE ZIP CODE PHONE NUMBER:

NAME OF SUPERVISOR: _____ HOURS PER WEEK: _____ FROM: / TO: /

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT: YES NO

VII. REFERENCES (List 3 Professional)

Name	Address	Occupation	Phone Number

VIII. LEGAL

The AmeriCorps application process requires a criminal history check to ensure community members with whom we work are protected, particularly children, individuals with disabilities, and individuals over 60 years old. We are investigating for past sexual offenses and violent crimes, or crime that would have a direct bearing on your service. You will not be permitted to serve with children, individuals with disabilities, or individuals over 60 years of age without supervision until the program's background checks are complete and you are cleared. This review process is not lengthy. Existence of a criminal conviction/adjudication may or may not, depending on the circumstances, disqualify you from consideration. However, misrepresentation of that record - lying or not telling the truth - *will* disqualify you. Answer the following questions fully.

Authorization For Release Of Information

To Whom It May Concern:

I have been asked to supply information to assess my background and qualifications. To facilitate this process, I hereby authorize the investigation of my past and present work, education, military service, character, and police records to determine any and all information pertinent to my qualifications for service with Superior AmeriCorps.

I hereby authorize you to provide any and all information, of record or not, and release you and all persons, agencies, companies and firms from any damages that may result from providing such information.

Signature: _____

Date: _____

Authorization To Release Criminal History Information

Superior AmeriCorps requires that all **prospective members** sign a declaration prior to placement in service which lists:

- All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;
- Conviction related to other forms of child abuse and/or neglect; and
- All convictions of violent felonies.

Please provide your initials on the appropriate category below:

_____ I **have not been** arrested, charged, and/or convicted on any offenses listed above.

_____ I **have been** arrested, charged, and/or convicted on one or more of the offenses listed above.

If so, please attach information listing the offense(s), the date(s) of the arrest, charge and/or conviction, and other relevant information.

Note that individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are not automatically disqualified from being awarded a position. Superior AmeriCorps will review each case to assess the relevance of an arrest, charge, or conviction prior to a placement decision.

Have you been convicted of any felonies or misdemeanors? Yes No

If yes, explain _____

Are any civil suits or judgments pending against you? Yes No

If yes:

Date: _____ Place: _____
(month/day/year)

Charge: _____ Action Taken: _____

Have you been involved in substantiated abuse or neglect of children or adults? Yes No

If yes, explain _____

I, _____, hereby authorize, to BHK Child Development Board, the administrative agency of Superior AmeriCorps, the release of all criminal history information that pertains to me, on file, at the Michigan State Police Internet Criminal History Access Tool [ICHAT] and the United States Department of Justice Dru Sjodin National Sex Offender Public Website. Date of birth _____

I acknowledge that consideration for service is contingent on the results of a reference and background check, possible skills or other tests, and if I am offered a position, that my position is conditional until the results of my post-offer physical are known. Should I be offered a position, I hereby consent to such post-offer physical, which may include a controlled substance test. I authorize the Agency to investigate the truthfulness of all statements made on this application or in connection with my post-offer physical, to contact former employers and other listed references or concerning this application, including any post-offer physical, and authorize release of information concerning any disciplinary action without any obligation to give me written notice of such disclosure.

I agree to execute any lawful releases, consents and waivers required by the Agency. I hereby release the Agency and any other person from any liability whatsoever as a result of such inquires and disclosures.

Superior AmeriCorps and this Agency is committed to the principals of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal opportunities. The Agency desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Agency will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified member unless undue hardship would result for the Agency.

I understand that, if I have a disability and need reasonable accommodation in any step of the hiring process to assist me in demonstrating my qualifications to perform the duties of the position for which I am applying; I should inform the Director. Under Michigan law, disabled employees and applicants may request an accommodation of their disability by notifying the Agency, in writing, of the need for accommodation within 182 days of the date the disabled individual knows, or should know, that an accommodation is needed. Failure to notify the Agency may preclude any claim that Superior AmeriCorps failed to accommodate the disabled individual.

I agree that any action of suit against the Agency, arising out of my service or termination of service, including but not limited to claims arising under state or federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any action or suit arising out of my employment, in which the Agency prevails, I will pay the Agency all costs incurred in defense of such claims, including but not limited to, attorney fees.

Any failure by me to fill out proper forms, or provide notification of any member benefits which results in loss of benefits, shall not be retroactively paid for and/or covered. Also, my failure to properly notify the Agency of changes in my family status, or other pertinent information, which results in unwarranted costs to the Agency shall be my responsibility.

Any misrepresentation by myself in this application, any refusal by myself to sign lawfully required releases, consents or waivers, or any failure by myself to properly complete any lawfully required forms (I-9, W-4, etc.) may result in cancellation of this application and/or separation from the Agency's service if I have been awarded a position.

In consideration of any position, I agree to conform to the rules and regulations of the Agency, Superior AmeriCorps, and state and national AmeriCorps programs. At the option of either the Agency or myself, my service and compensation can be terminated, with or without cause, and with or without notice, at any time. I understand that no representative of the Agency, except the Director, has any authority to enter into any agreement of any specified time or to make any agreement contrary to the foregoing.

I certify that I have read this application in its entirety, and that the information I have provided above is true and correct.

Date: _____ Signature: _____

**Incomplete applications will not be considered.
This application is only considered active for one program year.**

BHK Child Development Board is the administrative agency for Superior AmeriCorps.
BHK is an equal opportunity employer/service agency.