Completing this form enrolls an AmeriCorps member in the National Service Trust, which makes the member eligible for a Segal AmeriCorps Education Award upon successful completion of his or her term of service. It also provides the Corporation for National and Community Service (CNCS) with basic demographic data. This form may be filled out on paper or electronically.

**PART 1 Member: Please Complete and Sign**

1. **Name**
   - Last: ____________________________
   - First: ____________________________
   - MI: ____________________________

2. **Date of Birth**
   - Month: __________
   - Day: __________
   - Year: __________

3. **Social Security Number**
   - _________ – _________ – _________

4. **Citizenship Status**
   - ☐ I am a U.S. Citizen or National *
   - ☐ I am a Lawful Permanent Resident Alien of the United States **
   - ☐ I am an Asylee ***

*Citizens of the US include persons born in Puerto Rico, Guam, the US Virgin Islands, and the Northern Mariana Islands. Nationals of the US include persons born in American Samoa, including Swains Island.

**Generally, you are a Lawful Permanent Resident Alien of the US if you are a US permanent resident with (i) a Permanent Resident Card, USCIS Form I-551; (ii) an Alien Registration Receipt Card, USCIS Form I-551, (iii) a passport indicating that the USCIS has approved it as temporary evidence of lawful admission for permanent residence; or (iv) a form I-94 indicating that the USCIS has approved it as temporary evidence of lawful admission for permanent residence.

NOTE: A student visa does not confer resident status.

*** You are an asylee if you have a Form I-94 with asylum granted stamp; form I-766 with Category “A5”, “A5”, or “A-5”; or an Order of the Immigration Judge granting asylum.

5. **School Status**

   What is the highest level of education you have completed?
   - ☐ Less than high school
   - ☐ High school diploma/GED
   - ☐ Technical school/apprenticeship/vocational
   - ☐ Some college
   - ☐ Associates degree (AA)
   - ☐ College graduate
   - ☐ Graduate degree (e.g. MA, PhD, MD, JD)

   If you do not have a high school diploma or its equivalent:
   - ☐ I agree to obtain a high school diploma or its equivalent, and I did not drop out of elementary school or secondary school to enroll in the program.
   - ☐ I am exempt from the requirement to have a high school diploma, due to:

   If you have some college, list the most recent school you attended:

   If you have an Associate’s degree, list the school from which you received your degree:

   If you have a Bachelor’s degree, list the school from which you received your degree:

   If you have a Graduate degree, choose the school from which you received your degree:
6. **Current Address** (All information will be sent to you at this address until you notify CNCS of a change of address.)

   Number and Street
   City ___________________________ State ______ Zip Code ______
   Email Address ____________________________
   Home Phone ___________________ Business Phone ___________ Ext ______
   [ ] Check here if permanent address is same as current address

7. **Permanent Address** (Name and address of person through whom you can always be reached once you leave the program.)

   Last ___________________________ First ___________________________ MI ______
   Number and Street ____________________________
   City ___________________________ State ______ Zip Code ______
   Email Address ____________________________
   Home Phone ___________________ Business Phone ___________ Ext ______

8. Have you previously enrolled in an AmeriCorps, Silver Scholar, or Serve America Fellow Program?
   [ ] No  [ ] Yes If yes, how many times: ______

9. Have you ever been terminated/released for cause by any AmeriCorps, Silver Scholar, or Serve America Fellow program?
   [ ] No  [ ] Yes

10. **Segal AmeriCorps Education Award Limitations. I understand** that I may not receive more than the aggregate value of two full-time Segal AmeriCorps Education Awards and that upon successful completion of the term of service, I will receive only that portion of the Segal Education Award for which I am eligible, which may be all or a part of a Segal AmeriCorps Education Award, or no Segal AmeriCorps Education Award, pursuant to (45 CFR § 2526.55.)

   [ ] No  [ ] Yes

**PART 2 Member Enrollment Certification**

By signing this enrollment form I agree, if asked, to provide documentation to verify the accuracy of the information I have provided in this form. I understand that a knowing and willful false statement on this form can be punished by one or more of the following: a fine or imprisonment or both under (18 U.S.C. § 11), exclusion from participation in federal programs, and forfeiture of benefits I may receive as a result of my enrollment or other actions authorized by the Civil Fraud Remedies Act, (31 U.S.C. §§ 381-3812.)

Member’s Signature ____________________________ Date ________
PART 3  Member: Please Answer the Following Questions

CNCS gathers information about sex, race, ethnicity, and other demographic information to ensure the agency has the most complete and inclusive data on national service participants. This information is confidential and will solely be used for data analysis to assist us in ensuring we serve all Americans equally. The information you provide will not be used in any way to determine or affect any federal benefit. Your responses are required in order to be enrolled as an AmeriCorps member, but will be kept confidential.

1. What is your gender?
   - [ ] Female
   - [ ] Male

2. Are you registered to vote?
   - [ ] Yes
   - [ ] No
   - [ ] Not Sure
   - [ ] Not Eligible

3. Which of the following categories best describes your racial origin? (check all that apply)
   - American Indian or Alaska Native
   - Native Hawaiian or Other Pacific Islander
   - Black or African American
   - White
   - Asian American
   - Other

4. Which of the following best describes your ethnic origin?
   - Hispanic or Latina/o
   - Not Hispanic or Latina/o

5. What is your military, veteran, or family member status? (check all that apply)

   Note: All honorably discharged veterans qualify for nomination for the Presidents Volunteer Service Award.

   - [ ] I am a Veteran
   - [ ] I am an Active Duty Member of the U.S. Armed Forces
   - [ ] I am a member of the National Guard or Reserve Component
   - [ ] I am an immediate family member of a Veteran
   - [ ] I am an immediate family member of an Active Duty Member of the U.S. Armed Forces
   - [ ] I am an immediate family member of a National Guard Member or Reservist
   - [ ] I am not in the military, a veteran, or a family member of someone in the U.S. Armed Forces

6. How did you hear about this program? (Mark all that apply.)

   - [ ] Recruitment brochure
   - [ ] College Resource Fair
   - [ ] Facebook ad or on Facebook in general
   - [ ] Twitter
   - [ ] Other social media platform. Please specify

   - [ ] AmeriCorps online recruiting system
   - [ ] Job search web page
   - [ ] Article (online, newspaper, or magazine)
   - [ ] Advertisement in a newspaper/magazine
   - [ ] Guidance counselor/teacher
   - [ ] Parent/relative
   - [ ] Current or former AmeriCorps member
   - [ ] Friend
   - [ ] TV commercial
   - [ ] Radio commercial
   - [ ] AmeriCorps recruiter/representative
   - [ ] Received information in the mail
   - [ ] AmeriCorps program poster
   - [ ] State Service Commission
   - [ ] Other. (Please specify __________________________)

Public reporting burden—Estimated time to complete this form, including time for reviewing instructions and gathering and providing the information needed to complete the form, is three minutes for the Member section and four minutes for the Certifying Official section. Send comments regarding this burden or the content of this form to: Corporation for National and Community Service, National Service Trust, 250 E St. SW, Washington, DC 20525. CNCS informs the potential persons who are to respond to this collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number on this page of the form (see 5CFR 132.5(b)(2)(i))

Privacy Statement—In compliance with the Privacy Act of 1974, the following information is provided: The primary purpose of the information is to successfully enroll a member in a term of service and the Segal Education Award program. The evaluative information will help CNCS improve its programming and services to members. Information may be shared with other agencies, such as the Social Security Administration, through computer matching agreements for the purpose of verifying identity and citizenship status information provided by you in this document. Your Social Security Number (SSN) is solicited under the authority of the Internal revenue Code (26 U.S.C. 611(b) and 619) for use as a taxpayer identification number. Failure to disclose your actual SSN or any other information may result in a denial of your receiving an Segal Education Award or it may delay the processing of your Segal Education Award. All information obtained will be used only for official purposes, treated confidentially, and will not be disclosed unless there is a specific official need to know.

OMB Approval No.: 3045-0006
PART4 Enrollment Certifying Official: Please Complete and Sign

1. Type of Program (check only one)
   
   AmeriCorps State & National:
   - [] AmeriCorps National Direct
   - [] AmeriCorps State
   - [] AmeriCorps Segal Education Award Program
   - [] AmeriCorps Tribe
   - [] AmeriCorps Territory
   - [] AmeriCorps VISTA
   - [] AmeriCorps National Civilian Community Corps (NCCC)
   - [] AmeriCorps Serve America Fellows
   - [] Other (Specify): __________________________

2. Type of Enrollment (check only one)
   
   - [] Full-time (1700 hours per year, or 365 days per year for AmeriCorps VISTA)
   - [] Three-quarters time (1200 hours)
   - [] Half-time (900 hours in no more than 2 years)
   - [] Half-time (900 hours in no more than 1 year)
   - [] Reduced half-time (675 hours)
   - [] Quarter-time (450 hours)
   - [] Minimum time / Summer (300 hours)
   - [] AmeriCorps VISTA Summer Associate (1-12 Weeks)
   - [] AmeriCorps Affiliate (100 hours)

3. Will the member receive a living allowance?
   - [] Yes
   - [] No

4. Education Award Amount: ________________

5. Program Information

   Name of Program (or AmeriCorps NCCC Campus) ________________________________
   
   Operating Site I.D. Number ________________________________
   
   Street Address ________________________________
   
   City __________________ State ____________ Zip Code ________________
   
   Business Phone __________________ Ext ________________

   [ ] I certify that I have conducted, reviewed, and adjudicated the results of a nationwide NSOPW.gov check (with all jurisdictions on NSOPW.gov reporting) for this individual.
   
   [ ] I certify that I have initiated the state of service and state of residence checks and FBI check, as appropriate, required for this individual.
   
   [ ] I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 11 of Title 18. U.S.C or other actions authorized by the Civil Fraud Remedies Act, (31 USC 381-3812.)

Signature of Certifying Official ___________________________ Date ________________

Name of Certifying Official (Please Print): ________________________________

For Official Use Only