

GUIDE TO COMPLETING FORMS

Below you will find information about forms that you need to complete and return. Please remember to sign and date the bottom of all forms requiring signatures. DO NOT type your name when the form asks for a signature. Your forms will not be processed if there is no signature and date.

These forms will be filled out in a variety of ways, online in your 'My AmeriCorps' portal, online at a separate provided site, or "hard copies": saved and emailed or printed out and mailed in.

PLEASE SEND FORMS TO (EMAIL PREFERRED):

Justin Garlitz, AmeriCorps NCCC

jgarlitz@cns.gov

OR if email is unavailable:

FAX: 202-606-3476 OR mail:

250 E St. SW

Washington, DC 20525

Form Due

1. TRANSPORTATION SELECTION FORM 10 Days
 - Hard Copy (email or fax or mail)
 - This form is used by the campus to determine your travel arrangements for arrival on campus on October 16, 2018. It also confirms your intent to accept a position as a Corps Member. This form **MUST** be submitted on time to secure your place in Class 25.
 - Please include your date of birth and make sure your name appears exactly as it does on your photo ID.
 - You must email or mail this form back to campus no later than 10 days after you receive it.
 - See "Section 4: Getting to Denver" in the Welcome Training for more information about travel.
 - If you have questions about your travel, or any forms, please contact Justin Garlitz at (202) 606-6865 or jgarlitz@cns.gov.

2. W-4 10 Days
 - Online - 'My AmeriCorps' Member Home Page
 - This form is used for the taxes that are taken out of your living allowance.
 - Please complete this form online no later than 10 days after you receive this packet.

3. DIRECT DEPOSIT Prior to arrival
 - Online - 'My AmeriCorps' Member Home Page
 - This form provides your banking information so that we can direct deposit your living allowance into your account every two weeks.

4. GENERAL CONSENT FORM 10 Days
 - Hard Copy (email or fax or mail)
 - This form provides your consent to submit to your mandatory physical examination and drug test(s), and certifies that all information you submit to the program is truthful to the best of your knowledge.
 - It also acknowledges your understanding that, should you test positive for illegal substances, you will be immediately dismissed from the program.

5. **EMERGENCY CONTACT INFORMATION** **10 Days**
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- **Hard Copy** (email or fax or mail)
 - Please include the names, addresses, and phone numbers of people who should be contacted in the case of an emergency. These may be parents other relatives, guardians, or friends.
 - This form also asks you to provide the names and dosage of any medications you currently take, as well as the name and phone number of the prescribing doctor.
 - All this information is completely confidential and necessary for your safety in an emergency situation.
6. **CONSENT FOR RELEASE OF INFORMATION** **10 Days**
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- **Hard Copy** (email or fax or mail)
 - As a member of AmeriCorps NCCC you will likely be included in news coverage and be photographed on project sites by NCCC staff or other Members.
 - It is important to understand that information about your service in AmeriCorps NCCC may be distributed to the public in formats including, but not limited to, news stories, posters, publications, social media, or other outreach products, including possibly letters to government officials or Members of Congress notifying them of your service.
7. **HEALTH COVERAGE INFORMATION FORM** **10 Days**
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- **Online or Hard Copy to IMG** - visit:
<https://americorpsnccc.imglobal.com/docs/librariesprovider4/pdf-forms/coverage-information-form.pdf>
 - Please read all information provided on the form, and submit it **directly to IMG (NOT TO JUSTIN GARLITZ)** via one of the four provided options on the form.
 - You should be able to find your “NSPID” (National Service Participant ID) in your ‘My AmeriCorps’ portal; it is listed under your name in your “Member Home” section.
 - **You are to sign the form, not your parent.**
 - If you have questions about your health benefits in the program, please contact Justin Garlitz at (202) 606-6865 or jgarlitz@cns.gov.
8. **MEMBER PROFILE FORM** **10 Days**
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- **Online** - Visit <https://www.surveymonkey.com/r/NCCCSW-MemberProfile-25F>
 - More information on this form is included on Page 7 of this document.
 - If you have questions about this form, please contact Heather Dirck at hdirck@cns.gov.

GUIDE TO COMPLETING FORMS IN ‘MY AMERICORPS’

We ask that you fill out TWO forms online in your ‘My AmeriCorps’ portal.

1. Go to <http://my.americorps.gov>
2. Sign in with the **Username** and **Password** you created when filling out your application
 - You should memorize these, as you will continue use your ‘My AmeriCorps’ portal for a variety of tasks during and after your term of service, including accessing your pay stubs, tax documents, and your education award.
3. The forms you will complete in the portal are:
 - W4**
 - Click on “My Living Allowance” in the column on the left to access this form.
 - Direct Deposit**
 - Click on “My Living Allowance” in the column on the left and go to “Edit Account Info” to access this form.
 - Carefully enter in both your account number and bank routing number
4. If you have any trouble accessing or using your ‘My AmeriCorps’ portal, contact Justin Garlitz for assistance at jgarlitz@cns.gov or 202-606-6865.



AmeriCorps NCCC Transportation Selection Form Southwest Regional Campus, Denver, CO

Please PRINT CLEARLY and provide the address from which you plan to depart.

NAME: _____
****EXACTLY**** as it appears on your photo ID (with or without middle name or initial, etc.)

ADDRESS: _____
 Street City State Zip Code

DATE OF BIRTH _____ PHONE#: _____ EMAIL: _____

ARRIVAL DATE: TUESDAY, OCTOBER 16, 2018

Check **ONLY ONE** of the following boxes. (NCCC Arrangements are preferred.) Thanks!
If you check 'NCCC Arranges Travel', please choose either Air **OR** Train, then write in the name of
the train station **OR** airport nearest your departure address. Do not write in both spaces.

NCCC Arranges Travel; Provide the name of the closest airport **OR** train station to the address from which you will depart. NCCC will arrange your travel to the campus and send the itinerary to you via email about 1 week before your arrival to campus. If the trip is over 50 miles, you will be reimbursed mileage at \$0.545 per mile driven from your residence to the terminal (based on the shortest distance calculated using online tools.) Transportation from the train station or airport to the NCCC campus will be provided upon your arrival.

NOTE: We will try to accommodate you from the train station or airport listed, but if there is another terminal within 60 miles of your departure address that is more cost-effective to the government, we will book you out of that less-expensive terminal.

Airport: _____ -OR- Train Station _____

****WILL YOU DRIVE MORE THAN 50 MILES** from your residence to the selected airport or train station? (**select one**)
YES or NO

You Arrange Travel; You arrange for your own travel and are reimbursed upon arrival at the campus.

Driving to Campus: The NCCC will reimburse you for the mileage you drive from your home of record to the campus. The reimbursement rate is \$0.545 per mile, up to a maximum of \$275. Any other driving-related expenses (hotels, tolls, etc.) would be at your own expense. **Please remember that driving to campus is only an option for Corps Members if somebody is DROPPING YOU OFF.** The person dropping you off must depart with the vehicle in which you traveled, as there is no long-term parking available on campus for Corps Members.

Purchasing tickets: If you choose to arrange your own travel by bus, train, or air, you **must present an original receipt/confirmation of payment for your purchased ticket in order for NCCC to reimburse you.** You must email this receipt/confirmation **prior** to your arrival. You will be reimbursed for either the actual commercial ticket OR government rate fare - whichever is **less expensive** - **after** you arrive on campus.

You should arrive on the campus on **October 16, 2018 between 10:00 a.m. and 3:00 pm Mountain Time.** Please provide your mode of travel and expected arrival date and time in the space below. **NOTE: You cannot arrive on campus earlier than October 16. Therefore, if you arrive in Denver earlier than this day, you must arrange AND pay for your own lodging.**

Mode of Travel: _____ Expected Arrival Date & Time: _____

Additional Comments/Considerations: _____

Member Signature: _____ Date: _____

E-MAIL, FAX, OR MAIL THIS FORM TO:

Justin Garlitz – Member Support Specialist
AmeriCorps NCCC
Email: jgarlitz@cns.gov
Fax: 202-606-3476
250 E. St. SW, Washington, DC 20525

**ALL FORMS MUST BE RETURNED WITHIN 10 DAYS.
THINK CAREFULLY ABOUT YOUR DECISION.
NO CHANGES WILL BE ALLOWED.**

AMERICORPS NCCC GENERAL CONSENT FORM

1. I hereby consent and agree for the AmeriCorps NCCC, and any medical providers or drug-testing facilities contracted by AmeriCorps NCCC, to determine residential national service program eligibility by allowing:
 - a. Medical tests and examinations to determine overall fitness and ability for successful program participation. I acknowledge that if, after consultation with a physician, the AmeriCorps NCCC determines that I have a physical/mental condition or disability that cannot be reasonably accommodated; I will not be eligible to participate in the program.
 - b. Drug and alcohol testing during in-processing, randomly during the program, and based on reasonable suspicion, using generally accepted methods of testing with proper chain of custody and handling techniques. I acknowledge and understand the consequence for a confirmed positive test for alcohol and/or illegal drugs is ineligibility for AmeriCorps NCCC and I will be immediately dismissed. Information about drug and alcohol use I might disclose are protected under the Privacy Act and will be released only as required or authorized by that Act.
 - c. Official background checks prior to campus arrival. I further affirm that all information submitted, either personally or by document, is truthful and complete to the best of my knowledge. Accordingly, all such information is incorporated by reference into this consent form. If it is later determined that submitted information is materially false or that substantive relevant information was intentionally omitted with my knowledge or intent, AmeriCorps NCCC may dismiss me from the program through established due process procedures. AmeriCorps NCCC will use participant-provided or background investigation information only to determine enrollment eligibility and will not share such information with any person or organization without an official need to know.
2. I further agree to conform with, and abide by, the rules and procedures established by AmeriCorps NCCC, contracted medical providers or drug-testing facilities, and their authorized representatives. I will comply with all instructions provided by them. Failure to comply may cause my disqualification from further processing and program participation. I will complete all documents necessary to comply with AmeriCorps NCCC, contracted medical providers or drug testing-facilities, and federal and state requirements.
3. I acknowledge by signing this consent form that I have personally read the form and understand its content, and voluntarily and freely consent to the provisions herein.

MEMBER SIGNATURE

DATE

EMERGENCY CONTACT INFORMATION

Member Name _____

Address _____

City _____ State ____ Zip _____

Please list who to notify in the event of an emergency:

<u>Primary Contact Name</u>	<u>Relation to Participant</u>			
<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone (H)</u>	<u>Phone (W)</u>
<u>Secondary Contact Name</u>	<u>Relation to Participant</u>			
<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone (H)</u>	<u>Phone (W)</u>

Known Medical Allergies: _____

Medications taken regularly (prescription and non-prescription): _____

Prescribing Doctor Name and Telephone: _____

Currently Known Medical Conditions: _____

Religious Preference (if applicable): _____

I hereby authorize release of this information to emergency medical personnel for the purpose of emergency treatment:

Member Signature _____

Date _____



Consent for Release of Information

I, (*MEMBER'S PRINTED NAME*) _____, as a participant in the National Civilian Community Corps (NCCC), do hereby grant the Corporation for National and Community Service (Corporation) and the NCCC permission to use and release personal, biographical information (including home address, when appropriate), photographs, and film video tape footage and/or recordings in which I am represented. I understand that the use of biographical information and/or my likeness will be used in, but not limited to, news stories, posters, publications, public service announcements, or other outreach products.

I fully understand that, in the case of news interviews, all or portions of the interview may be quoted and/or aired both locally and nationally. I understand that I will not have any editorial input regarding the final product. I also understand that the video or film footage is the property of the Corporation.

I understand that no time limitations shall apply to the Corporation's or NCCC's use of my likeness or biographical information.

My signature below acknowledges that I have read the above information and I fully understand it. By signing this statement, I hereby consent to the above conditions and further release the Corporation and the NCCC from any present or future liability that may occur as a result of me consenting to the above requirements.

Member's Signature _____

Date _____

MEMBER PROFILE FORM - INFORMATION

During your service year, press releases will be sent to your hometown newspaper(s) to share your service accomplishments with your communities. For the next 10 months you will make a difference in many lives, bringing hope to communities across the nation, through your service. We would like your families and communities to know all about it. We also hope that, by sharing your service experiences in AmeriCorps NCCC, we may inspire others to serve as well.

We need your personal information, and your local newspaper information, to create and distribute your press release. This information should be provided in our online form – please see the link below.

Completing all of the requested information is very important.

- Incomplete information, especially a missing e-mail address, impedes our process. The majority of the press releases will be e-mailed to your hometown newspaper(s).
- Also, please make sure to answer questions 13-16 in complete sentences – we'll pull one or more of these as a quote.

To complete your Member Profile Form please visit:

<https://www.surveymonkey.com/r/NCCCSW-MemberProfile-25F>

Please note that **you are not required to fill out every media slot in the online form**. We provide space for multiple media outlets for those who choose to use them. However, if your community has only one paper, or you only want to send your release to one publication, that is ok.

If you experience any difficulties or if you have any questions, please contact Heather Dirck, the Southwest Region Community Relations Specialist, at 303-844-7420 or hdirck@cns.gov.