GUIDE TO COMPLETING FORMS

This section of your welcome packet is very important! It contains information about forms that you need to complete and return before you arrive on campus. Please remember to sign and date the bottom of all forms requiring signatures.

These forms can be found **attached to your email** with the welcome packet. Please open, complete and return these forms within 10 days.

EMAIL or MAIL COMPLETED FORMS TO

Kim Scarabello, Assistant Member Support Specialist
AmeriCorps NCCC - Atlantic Region
6726 Youngstown Ave
Baltimore, MD 21222

Email to: KScarabello@cns.gov **Fax: (443) 923-4899**

1. TRANSPORTATION SELECTION FORM — Due: 10 Days

- This form is used by the campus to determine your travel arrangements for arrival on campus on Tuesday, July 7, 2015. It also confirms your intent to accept a position as a member.
- **This form MUST be submitted on time to secure your place in NCCC-FEMA Corps.**
- When filling out the form make sure to write your name EXACTLY as it appears on the government issued ID that you will be using when checking in at the airport (if flying). The name on your flight itinerary must match the name on your ID; otherwise you will not be allowed to check in.
- See "Getting To Campus" on pages 10-16 for more detailed information about travel.
- **If you have questions about your travel, please contact Kim Scarabello at KScarabello@cns.gov.**

2. GENERAL CONSENT FORM — Due: 10 Days

- This form provides your consent to submit to your mandatory physical examination and drug and alcohol test(s), and 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.
- **If you have questions about this form or the physical requirement, please contact Laura Tuck** at **LTuck@cns.gov**.

3. EMERGENCY CONTACT INFORMATION — Due: 10 Days

- Please include the names, addresses, and phone numbers of people who you would like to 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.
- **If you have questions about this form, please contact Kim Scarabello at KScarabello@cns.gov.**

4. CONSENT FOR RELEASE OF INFORMATION — DUE: 10 DAYS

- 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 Corps Members.
- It is important to understand that this information may be distributed to the public in formats including, but not limited to, news stories, posters, publications, public service announcements or other outreach products, including possibly letters to government officials or Members of Congress notifying them of your service.

5. AMERICORPS HEALTHCARE COVERAGE QUESTIONNAIRE — Due: 10 Days

- This form is used to obtain your healthcare benefits.
- **Please leave the CERT NUMBER line blank as this will be filled out by the SevenCorners, Inc.**
- If you WILL NOT have another form of coverage while in AmeriCorps, check NO under SECTION 1, sign and return the form. If you will have another form of coverage while in the program along with your AmeriCorps coverage, please check YES under SECTION 1, enter the information that is being asked of you/the provider in SECTION 2 and then have the policy holder sign and date the bottom of the form.
- If you have primary insurance coverage with a parent or guardian, you can still have the additional Seven Corners limited benefits as well.
- If you have primary insurance coverage make sure to bring a copy of your primary insurance card for our records.
- It is extremely important that this form have a signature and date in SECTION IV – without it the form will not be processed. You are to sign the form not your parent/guardian.
- **If you have questions about this form, please contact Kim Scarabello at KScarabello@cns.gov.**

Online Forms (Complete the following forms online using the links provided)

6. MEMBER PROFILE FORM — Due: 10 Days

- **Click on this link to access the online form - Online Member Profile Form**
- Everyone is required to complete this form. The form is used by the campus to send updates to your hometown newspaper about your service in the NCCC and for other recruitment/media opportunities.
- You do have the option to check no for hometown media coverage but you must still complete the rest of the form.
- Information needed to complete form includes your contact information, hometown paper information and educational background.
- Please fill out the online form completely and call your newspaper for their contact information.
- **If you have questions about this online form or problems with the link, please contact Samuel McKenzie at (443) 503-8569 or SMcKenzie@cns.gov.**

7. W-4: "My AmeriCorps" MEMBER HOME PAGE — Due: 10 Days

- This form is used for the taxes that are taken out of you living allowance.
- Complete this form in your My AmeriCorps account (click on link to sign in).
  - Sign in with the username and password you created when filling out your application.
  - Click on "My Living Allowance" in the column on the left to access this form.

8. DIRECT DEPOSIT: "My AmeriCorps" MEMBER HOME PAGE — Due: 10 Days

- This form is in your My AmeriCorps provides with your banking information so that we can direct deposit your living allowance into your account every two weeks.
- Complete this form in your My AmeriCorps account.

AmeriCorps NCCC Transportation Selection Form
Atlantic Region Campus, Baltimore, MD

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

NAME:_____ LAST 4 DIGITS OF SOCIAL SECURITY #: ___ ___ ___ ___
Last First MI

ADDRESS:_____
Street City State Zip Code

PHONE#:_____ EMAIL:_____

ARRIVAL DATE: Tuesday, July 7, 2015

Check ONLY ONE of the following boxes. (NCCC Arrangements are preferred.) Thanks!
If you check 'NCCC Arranges Travel', please choose either Air or Bus, then write in the name of the bus station OR airport nearest your departure address. Do note write in both spaces.

NCCC Arranges Travel; Provide the name of the closest airport 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 2 weeks before your arrival to campus. If the trip is over 50 miles, you will be reimbursed mileage at $0.56 per mile driven from your residence to the terminal. (This mileage is determined by a NCCC staff member using the shortest distance.) Transportation from the airport to the NCCC campus will be provided upon your arrival.

NOTE: We will try to accommodate you from the 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: _____ **Train Station:** _____

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You Arrange Travel; You arrange for your own travel and are reimbursed upon arrival at the campus.
Being Dropped Off at Campus: NCCC will reimburse you for the mileage you drive from your home of record to the campus at a rate of $0.56 per mile, up to a maximum of $275. (Mileage is determined by a NCCC staff member using the shortest distance.) A member traveling with another member will be reimbursed at the rate of $.10 per mile, up to a maximum of 90 miles, when the travel distance exceeds 50 miles.

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.

You must arrive on the campus on **July 7, 2015** *no later than 12:00pm Eastern 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 July 7, 2015 therefore, if you arrive in Baltimore earlier than this day, you must arrange AND pay for your own lodging.

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

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Additional Comments/Considerations: (If you want us to arrange an earlier arrival day, please make note here): _

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Member Signature:_____ **Date:**_____

Send forms to: Kim Scarabello
AmeriCorps NCCC - Atlantic Region
6726 Youngstown Ave
Baltimore, MD 21222
Email: KScarabello@cns.gov

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 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, health care professionals, and their authorized representatives. I will comply with all AmeriCorps NCCC liaisons and health care officials' instructions. Failure to comply may cause my disqualification from further processing and program participation. I will complete all documents necessary to comply with AmeriCorps NCCC, health care officials, 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.

_____

PRINT NAME OF MEMBER (FIRST and LAST NAME)

_____ _____

SIGNATURE OF MEMBER DATE

EMERGENCY CONTACT INFORMATION

Member Name **Soc. Sec. No.** **(last four digits)**

Address_____

City_____ **State**___ ___ **Zip** __ __ __ __ __

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

Primary Contact Name	Relation to Participant			
City	State	Zip	Phone (H)	Phone (W)
Secondary Contact Name	Relation to Participant			
City	State	Zip	Phone (H)	Phone (W)

Known Medical Allergies: _____

_____

Medications taken regularly (prescription and nonprescription:_____

_____

Prescribing Doctor Name and Telephone:_____

_____

Currently Known Medical Conditions:_____

_____

Religious Preference:_____

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-FIRST AND LAST)_____, 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_____

AmeriCorps*VISTA
AmeriCorps*NCCC

OTHER HEALTH COVERAGE QUESTIONNAIRE

In order to accurately process your claims and ensure that you receive the maximum benefits available, information regarding other health care coverage is needed. Please complete the information below, sign at the bottom of the form and return the form to the address below.

SECTION I: GENERAL INFORMATION

Cert Number: _____ **AmeriCorps NSPID:** _____

Your Name: _____ **Telephone Number:** _____

Your Address: _____
Street City State Postal Code

Do you have any other insurance coverage for health, dental, vision or Medicare?

☐ **YES** (If **YES,** please complete all sections below) ☐ **NO** (If **NO**, please sign form and return)

If this is an update to indicate you no longer have other coverage, please attach a certificate of coverage letter from your insurance carrier.

SECTION II: TYPE OF COVERAGE

Type of Coverage	Relationship to You
Health ☐ Group ☐ Individual	☐ Self ☐ Spouse ☐ Parent ☐ Other
Dental ☐ Group ☐ Individual	☐ Self ☐ Spouse ☐ Parent ☐ Other
Vision ☐ Group ☐ Individual	☐ Self ☐ Spouse ☐ Parent ☐ Other
☐ Medicare	☐ Self ☐ Spouse ☐ Parent ☐ Other

SECTION III: INFORMATION RELATED TO OTHER INSURANCE COVERAGE

Policyholder Name Policyholder Date of Birth Policy Number

Employer/Sponsoring Organization Name Employer/Sponsoring Organization Telephone Policy Effective Date

Employer Street Address City State Zip Code

Name of Insurance Company Location of Insurance (City/State) Insurance Company Telephone

SECTION IV: POLICYHOLDER SIGNATURE

I permit any physician, pharmacist, hospital or other health care provider, any insurer, prepayment organization or other health plan provider to give the Corporation for National Service any medical information about me, including information about physical and mental health, medical history, any drug or alcohol benefits. This authorization shall remain in effect until all matters relating to these claims are concluded. A copy of this authorization will be as valid as the original. I understand that I may receive a copy of this authorization if I ask for one in writing.

_____ ____/____/____
Policyholder Signature Date

MEMBER PROFILE INFORMATION

Please complete information online at

https://www.surveymonkey.com/s/AR_Member_Profile_Form

1. **Please make sure that you collect all of the following information**

- Name of the Assignment Editor or City Editor. Small papers may not have an assignment or city editor; in this case ask who covers local or human-interest stories.
- Fax and phone numbers, and an e-mail address, to reach the person above.
- Newspaper mailing addresses.

2. **Complete the form online.**

★We understand that this request may seem awkward, so we have provided a script for those of you who may wish to use it:

Suggested dialogue:

Operator: AmeriCorps Gazette, how may I direct your call?
NCCC Member: I would like to submit a press release on a human-interest story to your paper. To whose attention would I need to address it?
Operator: That would be Lois Lane our City Desk Editor.
NCCC Member: How does (he/she) spell (his/her) name? **(This part is very important – we don't want to offend anybody by misspelling his/her name!)**
Operator: L-o-i-s L-a-n-e.
NCCC Member: Do you know if (he/she) prefers to receive press releases by fax or e-mail?

★ Answer #1: **Operator**: Yes, she prefers to receive them by e-mail (or fax). **NCCC Member:** Could I get (his/her) e-mail address (or fax number) from you?

★ Answer #2: **Operator**: Oh, I don't know.
NCCC Member: May I have both his/her fax number and e-mail address please?

NCCC Member: Thank you very much for all of your help!

Please join Class 22 Atlantic Region FEMA Corps on Facebook

http://tinyurl.com/opj42xc

HIGHLIGHTS FROM THIS SECTION

- **RETURN** FORMS TO DARA ABRAHAMS IN **10 DAYS**.
- GATHER LOCAL MEDIA INFORMATION
- COMPLETE THE ONLINE MEMBER PROFILE INFORMATION WITHIN 10 DAYS.
- GET CONNECTED: **JOIN THE CLASS 22 NCCC ATLANTIC FACEBOOK GROUP**
- LIKE THE NATIONAL AND ATLANTIC REGION AMERICORPS NCCC PAGES.
- FACEBOOK.COM/NCCCATLANTICREGION