GUIDE TO COMPLETING FORMS

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

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

EMAIL, FAX, or MAIL COMPLETED FORMS
WITHIN 10 DAYS TO:

Member Support Specialist
AmeriCorps NCCC
2715 Confederate Avenue
Vicksburg, MS 39180
Phone: 601-630-4056 SouthernRegion@cns.gov **Fax: 601-630-4071**

Forms to complete and return:

1. **TRANSPORTATION SELECTION FORM** **Due within 10 Days**
   - This form is used by the campus to determine your travel arrangements for arrival on campus. It also confirms your intent to accept a position as a Corps Member. **This form MUST be submitted on time to secure your place.**
   - You must mail this form back to campus no later than 10 working days after you receive this packet, so that we can plan your travel arrangements accordingly.
   - See "Getting To Campus" in your Welcome Packet for more detailed information about travel**.**
   - **If you have questions about your travel, or any other forms, please contact Sharee Carlock at (601) 630-4056 or scarlock@cns.gov .**

2. **GENERAL CONSENT FORM** **Due within 10 Days**
   - This form provides your consent to submit to your mandatory physical examination, 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.

3. **EMERGENCY CONTACT INFORMATION** **Due within 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 confidential and necessary for your safety in an emergency situation.

4. CONSENT FOR RELEASE OF INFORMATION **Due within 10 Days**

- As a Corps 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 and Team Leaders.
- 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. OTHER HEALTH COVERAGE QUESTIONNAIRE **Due within 10 Days**

- This form is used by the campus to help set up your health coverage benefit.
- IT is imperative that you complete this form and return it. PLEASE MAKE SURE THE FORM IS SIGNED. **YOU ARE THE POLICYHOLDER.**
- You will have the chance to waive this health care benefit once you arrive on campus.
- Your cert number will be assigned after you arrive on campus, so please leave it blank.

Forms to complete online:

Member Profile Information- **Due within 10 Days**

Complete online: https://www.surveymonkey.com/r/Class23MemberProfile_FEMACorps

- This form is used by the campus to send updates to your hometown newspaper about your service in the NCCC and for other media opportunities.
- Please fill out the form completely and call your newspaper for their contact information.

  If you have questions about this form, please contact Kevin Jones at (769) 203-1904 or kjones@cns.gov.

Direct Deposit – On the My AmeriCorps portal **Due within 10 Days**

Log into your portal account, on the left hand side select "Living Allowance". Once you are there it is the third blue box entitled "Direct Deposit Information".

TRAVEL PROFILE – ON THE MY AMERICORPS PORTAL **Due within 10 Days**

- Please note that this information is not fully functional at this moment.
- Once you enter your travel information, it will not automatically update or enter your actual flight information. Please do not expect to see changes on this particular page as a sign that your travel is being booked.

W-4 - ON THE MY AMERICORPS PORTAL **Due within 10 Days**

Once you log in to your portal, on the left side select "Living Allowance". Once you are there, select the fourth blue box (you may have to scroll down) in the middle of the page- "Federal Tax Withholding".

AmeriCorps National Civilian Community Corps
Class XXIII

*****IMPORTANT*****
DRIVING RECORD REQUIREMENT

All members who have a driver's license are required to have an official three year driving record sent to campus prior to their arrival.

Your driving record (sometimes called a Motor Vehicle Report) can be ordered by contacting your state's Motor Vehicle Department. There may be a charge to order this report. NCCC will not reimburse you for this expense. Reports can take several months to come in, so order your driving record immediately!

Mail, Email or Fax your Driving Record to:
Attn: Sharee Carlock
scarlock@cns.gov
2715 Confederate Ave
Vicksburg, MS 39180
601-630-4071

AmeriCorps NCCC Social Media

We encourage you to get connected with the Southern Region campus, Corps Members and Team Leaders. *We ask that all postings are civil and appropriate.*

GET CONNECTED!
STAY INFORMED!

JOIN THE GROUP TO MEET OTHER CLASS 23 CORPS MEMBERS!

Your Class has a private group:
https://www.facebook.com/groups/752832648185978/

Check out the Southern Region page:
www.facebook.com/AmeriCorpsNCCCSouthern

Like the national page:
www.facebook.com/AmeriCorpsNCCC

Follow NCCC on Twitter: @AmeriCorpsNCCC

NCCC Corps Class 23 Transportation Selection Form

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

NAME:_____Sex: M / F
Last First MI

DATE OF BIRTH: :_____ LAST 4 DIGITS OF SOCIAL SECURITY#:___ ___ ___ ___
Month Day Year

ADDRESS:_____
Street City State Zip Code

PHONE#:_____ EMAIL:_____

ARRIVAL DATE: July 19

Check ONLY ONE of the following boxes.

If you check 'NCCC Arranges Travel', please choose either Train OR Air, 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 train station OR 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 $0.54 per mile driven from your residence to the terminal. (This mileage is determined an electronic calculator.) 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.

Train Station:_____ **-OR-** **Airport:**_____

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

Driving to Campus: NCCC will reimburse you for the mileage you drive from your home of record to the campus at a rate of $0.54 per mile, up to a maximum of $275. (Mileage is determined using an electronic mileage calculator.) A member traveling with another member will be reimbursed at the rate of $.10 per mile, up to a maximum of $90, when the travel distance exceeds 50 miles. You must arrive on the campus on the correct date, ***between 12:00 pm and 3:00 pm Central Standard Time.***

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.

NOTE: You cannot arrive on campus earlier than your arrival date; therefore, if you arrive in Vicksburg earlier than this day, you must arrange AND pay for your own lodging.

Mode of Travel: _____ **Expected Time:**_____

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Additional Comments/Considerations :): _____

_____

_____

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Member Signature:_____ **Date:**_____

EMAIL, MAIL OR FAX THIS FORM TO:

Member Support Specialist
AmeriCorps NCCC Southern Region Campus
2715 Confederate Avenue
Vicksburg, MS 39180
Office: 601-630-4056
Fax: 601-630-4071; Email: SouthernRegion@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

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 can not 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.

1. I further agree to conform with, and abide by, the rules and procedures established by AmeriCorps NCCC, AmeriCorps NCCC's selected medical screening organization, and their authorized representatives. I will comply with all AmeriCorps NCCC liaison and NCCC's selected medical screening organization 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 and NCCC's selected medical screening organization, federal and state requirements.

2. 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 PRINTED NAME

_____

SIGNATURE DATE

EMERGENCY CONTACT INFORMATION

Member Name _____Soc. Sec. No. __ __ __-__ __-__ __ __ __

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 non prescription):_____

_____

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)_____, 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_____

Rev 2006

Corporation for NATIONAL & COMMUNITY SERVICE

AmeriCorps VISTA
AmeriCorps NCCC
FEMA Corps

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, Medicare or Medicaid?

☐ **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 ☐ Medicaid	☐ 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 _____/_____/_____

Privacy Act Statement: This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974) for AmeriCorps members completing Federal records and forms that solicit personal information. This authorization will be used to obtain information about an AmeriCorps member's medical history so that any medical claim filed by an AmeriCorps member can be processed expeditiously. No other uses will be made of this information. Effects of Non-Disclosure: Failure to authorize the release of any medical information may delay the processing of the medical claim.

Return completed form to: Seven Corners, Inc. P.O. Box 3430 Carmel, IN 46082-3430 866.699.4186 f. 317.575.2795

AmeriCorps 11/1/13

MEMBER PROFILE FORM (ONLINE) - 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 11 months you will make a difference in many lives, bringing hope to communities across the nation, through service in education, the environment, public safety, human needs, and disaster relief. 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 on the attached form.

Please call your local newspapers (don't forget to include the small community papers too) to collect this information. Please do not rely upon the Internet for contact information – it is often outdated.

Gathering all of the requested information is very important. Incomplete information, such as a missing fax number or the name of the editor, impedes our process. The majority of the press releases will be faxed or e-mailed to your hometown newspaper(s).

Beckmann begins service work

During the week of March 1, Katie Beckmann, hailing from Howards Grove, began work on her first service project of the year with the National Civilian Community Corps, an AmeriCorps program.

AmeriCorps*NCCC is a residential national service program created to improve the environment, enhance education, increase public safety, address unmet human needs, and assist with disaster relief.

Beckmann arrived in Denver and began training Wednesday, Jan. 28, for 10 months of full-time service with AmeriCorps*NCCC. This training emphasized teamwork, leadership development, communication, service learning, and certification by the American Red Cross.

As a corps member, Beckmann will be responsible for completing various service projects as part of a 10-12 person team. Twenty-eight teams composed of nearly 300 corps members and team leaders began serving the 17-state Central Region the first week in March.

Before joining the NCCC, Beckmann attended Howards Grove High School and UW-Milwaukee.

Beckmann said, "I have always wanted to make a difference in the world. I think this is a perfect opportunity. This is what I really want to do."

Mark and Diane Beckmann are Katie's parents.

Beckmann is one of 252 corps members from across the nation who will serve out of the Central Region campus in Denver.

MEMBER PROFILE INFORMATION

Please complete information online at :

https://www.surveymonkey.com/r/Class23MemberProfile_NCCC

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!

If you experience any difficulties or if you have any questions, please contact Kevin Jones, Associate Community Relations Specialist, at 769-203-1904 or kjones@cns.gov

HIGHLIGHTS FROM THIS SECTION

- RETURN FORMS TO SHAREE CARLOCK IN 10 DAYS.
- GATHER LOCAL MEDIA INFORMATION
- COMPLETE THE ONLINE MEMBER PROFILE INFORMATION WITHIN 10 DAYS.
- GET CONNECTED: JOIN THE CLASS 23 FEMA CORPS FACEBOOK GROUP