GUIDE TO COMPLETING FORMS

Below you will find 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.

Some forms need to be filled out online in your 'My AmeriCorps' portal, others will need to be printed out and emailed, faxed, or mailed in. In order to expedite your in-processing, please fill out BOTH the hard copy and online versions of your **Transportation Selection Form**.

PLEASE SEND FORMS TO (EMAIL PREFERRED):
vdavis@cns.gov

Fax: 303-844-7410

AmeriCorps NCCC
Attn: Vanessa Davis
PO Box 25167
Lakewood, CO 80225

Form Due

1. **TRANSPORTATION SELECTION FORM** — **10 Days**
   - **BOTH Hard Copy AND Online – 'My AmeriCorps' Member Home Page**
   - This form is used by the campus to determine your travel arrangements for arrival on campus on October 7, 2015. 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 22A.**
   - **Please include your date of birth and make sure your name appears exactly as it does on your photo ID.**
   - You must send this form back to campus and complete it online no later than 10 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, or anticipate having trouble meeting the 10-day deadline, please contact Vanessa Davis at 303-844-7403 or vdavis@cns.gov.**

2. **W-4** — **10 Days**
   - **Online Only – '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 Only – '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 – send in via email, fax or mail**
   - This form provides your consent to submit to your mandatory physical examination and drug and alcohol 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

- **Hard Copy – send in via email, fax or mail**
- Please include the names, addresses, and phone numbers of people who you would like 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

- **Hard Copy – send in via email, 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 Corps 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, public service announcements, or other outreach products, including possibly letters to government officials or Members of Congress notifying them of your service.

7. OTHER HEALTH COVERAGE QUESTIONNAIRE — 10 Days

- **Hard Copy – send in via email, fax or mail**
- This form is used to obtain your healthcare coverage.
- **Please leave the CERT NUMBER line blank as this will be filled out by the SevenCorners, Inc.**
- You may be able to find your "**AmeriCorps NSPID**" in your 'My AmeriCorps' portal; it is listed under your name in your "Member Home" section. If cannot find this number before submitting your forms, you can leave this line blank.
- If you will not have other health insurance when you enter AmeriCorps, just check NO under SECTION 1, sign and return the form. If you will have other health insurance, check YES and fill out the requested information.
- **You are to sign the form, not your parent.**
- **If you have questions about your health coverage for the program, please contact Vanessa Davis at (303) 844-7403 or vdavis@cns.gov.**

8. MEMBER PROFILE FORM — 10 Days

- **Online Only – Visit** http://corpsxchange.ning.com/ **(not available in the 'My AmeriCorps' portal)**
  1. Click "New? Click here to join" in the top right hand corner.
  2. Create a new account with your email address, enter a password twice, and enter the recaptcha bot. Click "sign up."
  3. A verification email will be sent to the email address you provided in the 3rd step (this may take 1-2 days since we have to verify each person). Once you receive this message: "Verify Your Email On NCCCXchange," click on the link in the message.
  4. A new window will open asking for your Full Name, Gender, Campus, and Role.
     a. For Campus, select "Denver" from the drop down menu.
     b. For Role, select "Incoming Corps Member" from the drop down menu.
  5. Once logged in, Click on "My Campus" at the top left, then click on the group titled "Denver Incoming Members- 22A Traditional NCCC"
  6. At the top of the page, you'll see this text: "Members must be approved. Denver Incoming Members- 22A Traditional NCCC is accepting new members. If you would like to join, click here to request access from the Group Creator." Click on the underlined link and select "send request." You must be a member of the group to post comments or a discussion, but you can use the links provided under "Information"
  7. Complete the Member Profile Form found on the bottom right hand side under "Pages"

8. Make sure all other forms are completed in http://my.americorps.gov and the forms emailed to you that should be returned to Vanessa Davis.

- 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.
- Please complete this form no later than 10 days after you receive this packet.
- Further information on this form is included on the last two pages of this document.
- **If you have questions about this form, please contact Heather Dirck, the Southwest Region Community Relations Specialist, at (303) 844-7420 or hdirck@cns.gov.**

GUIDE TO COMPLETING FORMS IN 'MY AMERICORPS'

We ask that you fill out three forms online in your 'My AmeriCorps' portal in order to facilitate our processing of them, though we also request a hard copy with your signature on some of them for our records. To access and complete these online forms, follow the steps outlined below.

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:
   - ☑ **Transportation Selection Form**
     - Click on "My Travel Profile" in the column on the left to access this form.
   - ☑ **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 Vanessa Davis for assistance at vdavis@cns.gov or 303-844-7403.

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: WEDNESDAY, OCTOBER 7, 2015

Check ONLY ONE of the following boxes. (NCCC Arrangements are preferred.) Thanks!
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 note 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 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 using Rand McNally Road Atlas shortest distance.) 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**_____

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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 NOT reimburse you for the mileage you drive from your home of record to the campus. If you choose to drive to campus, you do so at your own expense and will not be reimbursed for mileage or other expenses along the route.

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 must arrive on the campus on **October 7, 2015** ***between 8:00 am 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 7, 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:**_____

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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:**_____

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

Vanessa Davis – Member Support Specialist
AmeriCorps NCCC Southwest Regional Campus
Fax: 303-844-7410; Email: vdavis@cns.gov

AMERICORPS NCCC
Attn: Vanessa Davis
PO Box 25167
Lakewood, CO 80225

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, Aurora Health Care Services, PC, and Drug Techs LLC 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, Aurora Health Care Services, PC, and Drug Techs LLC, and their authorized representatives. I will comply with all AmeriCorps NCCC liaison, Aurora Health Care Services, PC and Drug Techs LLC 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, Aurora Health Care Services, PC, and Drug Techs LLC, 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:

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_____

AmeriCorps NCCC
AmeriCorps VISTA

AmeriCorps requires that all members provide information regarding other Health Care Coverage upon enrollment in the AmeriCorps Health Plan. Health Care Coverage can consist of commercial insurance (Anthem, Blue Cross, Aetna, etc), as well as other federal or state benefit plans (Medicare, Medicaid or military benefits). This information will be requested on an annual basis while you are active in the AmeriCorps plan. This allows us to accurately process your claims and ensure that you receive the maximum health benefits available. Please complete this form whether you have other health coverage or if you do not participate under any other health coverage.

You may complete this form by choosing one of the following methods:

1. Send completed form via Email to: vdavis@cns.gov
2. Send completed form via Fax to: (303) 844-7410
3. Mail the completed form to:

AmeriCorps NCCC
Attn: Vanessa Davis
PO BOX 25167
Lakewood, CO 80225

If you have any other questions, please contact Vanessa Davis at 303-844-7403 or vdavis@cns.gov.

Corporation for NATIONAL & COMMUNITY SERVICE

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 provided.

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 _____/_____/_____

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.

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. 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. We have included a sample phone script on the next page to help you with these conversations.

Gathering all of the requested information is very important. Incomplete information, such as a missing e-mail address or the name of the editor, impedes our process. The majority of the press releases will be e-mailed or faxed to your hometown newspaper(s). In some cases if it's a small newspaper they will ask that we mail in the press release. In this instance, having the mailing address is very important.

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.

To complete your Member Profile Form please visit:

http://corpsxchange.ning.com/

Follow instructions on page 2 of this packet.

Suggested dialogue:

Media Outlet: Thank you for calling the Mainstreet 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?

Media Outlet: 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!)**

Media Outlet: 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: **Media Outlet**: 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: **Media Outlet**: Oh, I don't know.

NCCC Member: May I have his/her e-mail address please?

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

** Also, 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.