AmeriCorps National Civilian Community Corps
Pacific Region

HOW TO COMPLETE FORMS

RETURN ALL FORMS TOGETHER, WITHIN 10 DAYS

Timely receipt of your completed forms *confirms your position at this campus*.

FORMS MAY BE COMPLETED ON YOUR COMPUTER AND EMAILED BACK OR PRINTED OUT AND COMPLETED IN BLACK INK

*Use only **ONE** method to submit your forms*

*IF SUBMITTING BY **MAIL, 10 day deadline applies**:*

Norma Martinez
AmeriCorps NCCC
3427 Laurel Street
McClellan, CA 95652-1014

*IF **FAXING** YOUR FORMS:*

(916) 640-0303 or -0308

*IF **E-MAILING** YOUR FORMS:*

*Save with filename: "**Last name First name c22 FEMA TL**"*
(example: martinez norma c22 FEMA TL)

Email to **nmartinez@cns.gov**

You will receive an email confirmation within 5 business days that your forms have been received. You will also receive updates and other information by email.

- ALL FORMS MUST BE COMPLETE & SIGNED -

PLEASE FOLLOW THESE STEP BY STEP INSTRUCTIONS FOR EACH FORM:

1. **TRANSPORTATION SELECTION FORM** **ALL FORMS DUE WITHIN 10 DAYS**
   This form **confirms** your position at this campus and is used to determine your travel arrangements for arrival on campus. **All forms MUST be returned within 10 days to secure your place in this campus.**
   - Whether or not you are flying: Enter your full name as it appears on your state issued id (no nicknames).
   - Enter the last four digits of your social security number.
   - Enter your full birth date and gender.
   - Enter your full street address (No P.O. Boxes).

- Enter a phone number where you may be reached if we have questions.
- Enter a current email address that we may use to contact you.
- Check only ONE box – AmeriCorps NCCC will arrange your travel OR you will provide your own travel to campus. If you are providing your own travel, enter your arrival time and explain how you are arriving to campus.
- Add any additional information that we should know in the **comments** section.
- Sign and date at the bottom.
- Flight information will be sent via email about one to two weeks before your arrival at campus.
- Please do not purchase your own airline ticket, because you may NOT be reimbursed for the ticket.
- See "Getting to Campus" beginning on page 5 of the Welcome Packet for more detailed information about travel**.**
- If you have questions about your travel, or any other forms, please contact Norma Martinez at (916) 640-0307 or nmartinez@cns.gov.

2. EMERGENCY CONTACT INFORMATION — ALL FORMS DUE WITHIN 10 DAYS

- Enter your full name (no nicknames), phone number where you can be reached, current email address, birth date and last four digits of your social security number.
- Enter your **permanent home address**.
- List allergies, medications or medical conditions. **If none, then write "none".**
- This form also asks you to provide the names and dosage of any medications you currently take. All this information is completely confidential and necessary for your safety in an emergency situation.
- **Must list at least ONE emergency contact.** Include the names, addresses, and phone numbers of people to be contacted in the case of an emergency. These may be parents, other relatives, guardians, or friends.

3. CONSENT FOR RELEASE OF INFORMATION — ALL FORMS DUE WITHIN 10 DAYS

- Write your full name (no nicknames) on the first line.
- Sign and date at the bottom.
- As a member of the AmeriCorps National Civilian Community Corps you will likely be included in news coverage and be photographed on service assignments 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.

4. COORDINATION OF BENEFITS — ALL FORMS DUE WITHIN 10 DAYS

- This form is a required part of your healthcare coverage plan through AmeriCorps NCCC.

Section I

- Leave the CERT NUMBER blank as this will be filled out by the Seven Corners.
- If you know your NSPID you may enter it; otherwise leave blank.
- Enter your full name as it appears on your state issued id (no nicknames).
- Enter a phone number where you may be reached during your AmeriCorps service.
- Enter your permanent home address, city, state and zip code.
- If you will have NO COVERAGE while in AmeriCorps, check NO and sign at the bottom.

Section II

- If you answered YES to having other coverage, check the boxes that apply to you.

Section III (only if you answered YES to having other coverage)

- Enter the insurance information.

Section IV

- Sign and date. You (the member) may sign this form – it does not have to be signed by your parent.
- If you have questions about your health coverage while in the program, you may visit the Seven Corners website at SevenCorners, or contact Norma Martinez at (916) 640-0307 or ***nmartinez@cns.gov*.**

5. MEMBER SURVEY

- This survey is your opportunity to tell us a little about yourself so that we may better serve you. The information that you provide through this survey is also used to help us to prepare for your arrival.
- This should take only 5-10 minutes to complete. This survey must be completed within the **10-day deadline** of receiving the Welcome Packet. Please follow this link to complete the survey: **https://www.surveymonkey.com/s/ncccincomingsurveyc22**.

6. MEMBER PROFILE FORM - ONLINE

- 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.
- **This form may be completed online at: Member Profile form**
    - 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.
- If you have questions about this form, please contact Sandra Erickson at (916) 640-0306 or serickson@cns.gov.

7. ACKNOWLEDGEMENT OF RECEIPT OF WELCOME PACKET ALL FORMS DUE WITHIN 10 DAYS

- This form states that you have received and read the Welcome Packet.
- The information presented in the Welcome Packet is based on policies of the AmeriCorps NCCC program. It is important that you read and understand the requirements of this residential program.
- If you have questions about any of the information in this Welcome Packet please feel free to contact Norma Martinez, Member Support Specialist, at 916-640-0307.
- Enter your full name (no nicknames).
- Sign and date.

Class 22
FEMA TL

Transportation Selection Form

Pacific Region

Please print clearly and provide the address (no PO Boxes) from where you plan to depart.

NAME: _____
YOUR FULL NAME AS IT APPEARS ON YOUR IDENTIFICATION CARD OR DRIVERS LICENSE

DATE OF BIRTH: _____ (month/day/year) GENDER: ___ (M/F) LAST FOUR DIGITS OF SOCIAL SECURITY #:_____

ADDRESS:_____
Street address – NO PO BOXES City ST Zip Code

PHONE #:_____ EMAIL: _____
** YOUR TRAVEL INFORMATION WILL BE SENT TO THIS EMAIL ADDRESS –
** PRINT LEGIBLY**

Select only one travel option below.

Please do not purchase your own airline ticket, because you may NOT be reimbursed for the ticket.

❒ AmeriCorps NCCC Arranges Travel

AmeriCorps NCCC will arrange your travel to the campus and send the itinerary to you at the **email** address provided above. If the trip is 50 miles or less between your home of record and the campus, in most cases, a bus ticket will be provided. If the trip is over 50 miles, in most cases, an airline ticket will be purchased. If you pay a baggage fee for the duffle bag we will reimburse you. Please be sure to get a receipt and turn it in to AmeriCorps NCCC staff during in-processing. Transportation to the campus from the bus station or airport will be provided. Please provide the name of the closest terminals to the address from which you plan to depart in the space below. **You will travel to campus on January 14, 2016.**

Bus Station: _____ Airport Name or Code: _____

We will try to accommodate you from this airport or bus station, but if there is another airport in the vicinity that is more cost effective to the government, we will book you out of that terminal. If you have to drive more than 50 miles from your home of record to the terminal, you will be reimbursed for mileage at 57¢ per mile. Mileage is determined using Rand McNally Road Atlas shortest distance.

❒ I Arrange Travel - You must arrive at the campus on January 14, 2016 between 10 AM - 12 noon.

NOTE: *YOU MAY NOT ARRIVE ON CAMPUS EARLIER THAN CAMPUS START DATE; THEREFORE, IF YOU ARRIVE BEFORE THIS DAY, YOU MUST ARRANGE AND PAY FOR YOUR OWN LODGING.*

AmeriCorps NCCC will reimburse you for the mileage you drive from your home of record to the Campus. The reimbursement rate is 57¢ per mile up to a maximum of $275. Mileage is determined using the Rand McNally Road Atlas or Rand McNally Tripmaker shortest distance. 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.

If you live outside a 50 mile radius of the campus and choose to arrange your travel by bus or train, the NCCC will reimburse you for either the actual commercial ticket or government rate fare, whichever is less. You must bring and present original receipts that show the amount paid for your transportation in order to be reimbursed. Please be advised that the NCCC would prefer to arrange your travel if you are not driving by car.

Expected Arrival Time: _____ Mode of Travel, explain how will you get to campus? Or other comments:

_____
_____
_____

Signature: _____ **Date:** _____

lease do not purchase your own airline, bus or train tickets because you may NOT be reimbursed for the ticket.

ALL FORMS MUST BE RETURNED WITHIN 10 DAYS OF RECEIPT - THINK CAREFULLY ABOUT YOUR DECISION.

NO CHANGES ALLOWED.

Emergency Contact Information

Name: _____ Cell Phone: _____
Email: _____

Date of Birth: _____ Last four digits of Social Security #: _____

PERMANENT HOME ADDRESS: _____
Street address – NO PO BOXES City ST Zip Code

Any Known Allergies:

Medications taken regularly (prescription and non-prescription):

Chronic medical conditions:

Person(s) to be notified in an emergency:

Name: _____ Relationship: _____
Address: _____
Street Address Apt.
_____
City ST Zip
Home Phone #: ( ) Work #: ( )

Name: _____ Relationship: _____
Address: _____
Street Address Apt.
_____
City ST Zip
Home Phone #: ( ) Work #: ( )

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

_____ _____
Signature **Date**

Consent for Release of Information

I, _____, as a participant in the National Civilian Community Corps (NCCC),
(PRINT YOUR NAME HERE)
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

IMPORTANT: If you will not have other health coverage while in AmeriCorps NCCC, check **NO** in Section 1 and Sign at the bottom, by the "✗" in Section IV.

AmeriCorps*VISTA
AmeriCorps*NCCC

COORDINATION OF BENEFITS
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 **(Ok for member to sign)** 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

Acknowledgement of Receipt of Pacific Region Welcome Packet

I have read and understand the contents of this Welcome Packet and will act in accord with the requirements and policies as a condition of my participation in the AmeriCorps National Civilian Community Corps Program (AmeriCorps NCCC).

Please read the Welcome Packet carefully to understand the requirements of this program before you sign this document.

_____

First and Last Name

_____

Signature Date