

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 by clicking the link in your Welcome Packet email.
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 or Marissa Kinter at (601) 630-4056 or SouthernRegion@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.

Forms to complete online:

Member Profile Information-

Due within 10 Days

Complete online: <https://www.surveymonkey.com/r/Class23Bmembprofile>

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 Ted Rivera at (601) 630-4063 or trivera@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

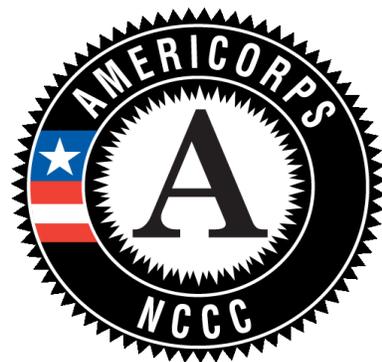
- Please note that this information is not fully functional at this moment.
- Once you enter your travel information, it will not automatically update or enter your actual flight information. Please do not expect to see changes on this particular page as a sign that your travel is being booked.

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”.

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



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!

AmeriCorps NCCC FEMA Corps 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 FEMA CORPS MEMBERS!

Your Class has a private group:
[NCCC FEMA Corps Class 23B - Southern Region](#)

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

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

Follow NCCC on Twitter: [@AmeriCorpsNCCC](#)

**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.
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- 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:

<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: _____

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 (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/Class23Bmembprofile>

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

- ④ 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.
- ④ Fax and phone numbers, and an e-mail address, to reach the person above.
- ④ 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 Ted Rivera, Community Relations Specialist, at 601-630-4063 or trivera@cns.gov.

HIGHLIGHTS FROM THIS SECTION

- ④ RETURN FORMS TO SHAREE CARLOCK WITHIN 10 DAYS.
- ④ GATHER LOCAL MEDIA INFORMATION
- ④ COMPLETE THE ONLINE MEMBER PROFILE INFORMATION WITHIN 10 DAYS.
- ④ GET CONNECTED: JOIN THE [CLASS 23B FEMA CORPS FACEBOOK GROUP](#)