

CERTIFICATION FORM

This form must be certified with your original signature in ink. If you are applying to more than one LINKS center, make a copy for each center that you're applying to first, then sign each one.

I certify that all of the statements made in my AmeriCorps application are true, correct, and complete, to the best of my knowledge, and are made in good faith. I understand that misinformation or omission of information could result in disqualification and/or termination as an AmeriCorps member.

I authorize the ESD 112's LINKS AmeriCorps Program to investigate any information provided in my application, to check the references I have provided to the ESD 112's LINKS AmeriCorps Program and to check with any other person who may have information relevant to my qualifications for positions with ESD 112's LINKS AmeriCorps Program. I realize that this information may be shared with potential partners.

I further authorize my current and past employers or anyone with information concerning my work history, education or qualifications to provide such information to the ESD 112's LINKS AmeriCorps Program in response to inquiries. I agree to hold harmless from any claim of liability on my behalf anyone supplying such information to the ESD 112's LINKS AmeriCorps Program.

Furthermore, I understand that if I am offered a position with the ESD 112's LINKS AmeriCorps Program, such offer will be conditional upon receipt of a satisfactory report from the Washington State Patrol and/or FBI criminal identification systems. I agree to allow an appropriate agency to obtain a set of my fingerprints for the purpose of conducting a report of criminal felony convictions within the past 10 years, as well as any offenses against persons, civil adjudications of child abuse, and a disciplinary board's final decision.

PRIVACY ACT NOTICE: The Privacy Act of 1974 (5 U.S.C & 552a) requires that the following notice be provided to you: The authority for collecting information from you in this application is contained in 42 U.S.C 12592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C 4953 of the Domestic Volunteer Service Act of 1973 as amended. You are advised that submission of the information is entirely voluntary, but the requested information is required in order for you to participate in AmeriCorps programs.

PRINT NAME

SIGNATURE

DATE

For Parent or Guardian of Applicants Under 18 Years of Age: I have reviewed this application and I authorize my son/daughter/legal ward to apply to AmeriCorps.

PRINT NAME

SIGNATURE

DATE

Name: _____ Relation: _____
FIRST LAST

Address: _____
STREET ADDRESS CITY STATE ZIP CODE

Home Phone (____) _____