

# **CERTIFICATION**

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This form must be certified with your original signature in ink. If you are applying to more than one WRC 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 Washington Reading Corps/ESD 112 to investigate any information provided in my application, to check the references I have provided the WRC and to check with any other person who may have information relevant to my qualifications for positions at the Washington Reading Corps. 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 Washington Reading Corps/ESD 112 in response to inquiries. I agree to hold harmless from any claim of liability on my behalf anyone supplying such information to the Washington Reading Corps/ESD 112.**

**Furthermore, I understand that if I am offered a position with the Washington Reading Corps, 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 ten 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.

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PRINT NAME

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SIGNATURE

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DATE

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**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.

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SIGNATURE

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DATE

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
FIRST LAST

Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

Home Phone (\_\_\_\_\_) \_\_\_\_\_  
DATE