FOIA Number: 2013-0661-F
(3)

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: Americorps

Series/Staff Member: General Files

Subseries:

OA/ID Number: 24224

FolderID:

Folder Title:
USDA [Department of Agriculture]/AmeriCorps - Clinton Library Copies - FY95 Member Rosters 2 [3]

Stack:	Row:	Section:	Shelf:	Position:
S	66	1	3	3

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	[Personally Identifiable Information] [partial] (1 page)	04/26/1996	b(6)

COLLECTION:
Clinton Presidential Records
AmeriCorps
General Files
OA/Box Number: 24224

FOLDER TITLE:
USDA [Department of Agriculture]/AmeriCorps-Clinton Library Copies-FY95 Member Rosters 2 [3]

2013-0661-F
rs3798

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

United States
Department of
Agriculture

Natural
Resources
Conservation
Service

3737 Government Street
Alexandria, Louisiana
71302

December 26, 1996

Mr. Joel Berg
Director of National Service
U.S. Department of Agriculture
Room 538-A
14th and Independence Avenue, SW
Washington, DC 20250

Dear Mr. Berg:

Attached is a letter from John Tom Murray, former AmeriCorps member, requesting your review of my decision to not recommend a partial education award for his term of service. The following items are also attached:

End of Term of Service Form

April 16, 1996, letter of resignation from John Tom Murray to Holly Martien

December 5, 1996, letter from John Tom Murray to Don Gohmert

December 16, 1996, letter to John Tom Murray from Donald W. Gohmert

Please review these documents and provide Mr. Murray with your decision as soon as possible. If you need additional information, please contact Billy Moore or Holly Martien at (318) 473-7753.

Thank you for your review of this matter.

Sincerely,

Donald W. Gohmert

Donald W. Gohmert
State Conservationist

Enclosures

cc: Billy R. Moore, Assistant State Conservationist/Programs, NRCS, Alexandria, LA
Larry Holmes, Program Manager, National Service and Volunteer Programs, Community Assistance and Resource Development Division, NRCS, Washington, DC
John Tom Murray, 8261 Highway 17, Winnsboro, Louisiana 71295

State Conservationist
Mr. Don Gohmert
3737 Government Street
Alexandria, Louisiana 71302

December 19, 1996

Dear Mr. Gohmert,

I am requesting an appeal of **your** decision dated December 16. 1996 regarding my employment with the Americorps Program. Please forward my letter dated December 5, 1996 to the National Headquarters for **their** review. Your immediate response will be greatly appreciated.

Sincerely,

John Tom Murray

John Tom Murray

Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	[Personally Identifiable Information] [partial] (1 page)	04/26/1996	b(6)

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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Send comments on this form to OMB Paperwork Reduction Project (3045-0009) Washington, D.C. 20503 OMB# 3045-0009 Expires 6/1/97

NATIONAL SERVICE TRUST
END OF TERM OF SERVICE FORM

CORPORATION FOR NATIONAL SERVICE

Please CAREFULLY read instructions BEFORE filling out BOTH sides of this form.

USE NO. 2 PENCIL ONLY! **Erase cleanly any changes or stray marks. Make black marks that fill the circles.**

1. Print clearly your full name, including middle initial.
2. Provide your Social Security number.
3. Print clearly your current address and phone numbers.
4. Print clearly your permanent address and phone numbers. (If the same as your current address, write "SAME".)
5. Sign your name and enter today's date.

1. Participant's name?: Murray (Last) T (Middle Initial) John Tom (First)

2. What is your SSN?

SOCIAL SECURITY NUMBER

(b)(6)

3. Current Address
(All information will be sent to you at this address until you notify the Corporation of a change of address.)

8261 Hwy. 17
Number and Street

Winnsboro, LA. 71295
City and State Zip Code

435-6150
Home Phone

435-9446
Business or School Phone

4. Permanent Address
(Name and address of a person through whom you can always be reached.)

Debra Kay Murray
Name

8261 Hwy. 17
Number and Street

Winnsboro LA. 71295
City and State Zip Code

435-6150
Home Phone

Business or School Phone

5. Participant's Signature: John Tom Murray Date: 4-26-96

PRIVACY ACT NOTICE

The collection of this information is authorized by the provisions of the National and Community Service Act, as amended by the National and Community Service Trust Act of 1993. Information will be used to verify completion of service under the National Service Trust. The information will not be disclosed outside the government without written permission.

6/94

Questions 6 - 12 to be filled out by Approving Official

USE NO. 2 PENCIL ONLY! Erase cleanly any changes or stray marks. Make black marks that fill the circles.

Sections 6-12 must be completed by one of the following:

(a) the State Director of the Corporation for National Service if participant is a VISTA participant.

(b) the Camp Commander or his/her designee if participant is a National Civilian Community Corps participant.

(c) the Program Director if participant is an AmeriCorps USA program participant.

6. Enter the hours of service completed under the National Service Program. VISTA and National Civilian Community Corps programs should not complete this item.

7. Show the ending date of the term of service.

8. Indicate whether the participant was enrolled in a full-time or part-time program. If a VISTA or a National Civilian Community Corps participant, mark "Full-time" program unless enrolled in the summer program. If an AmeriCorps USA participant, indicate whether the individual was a full-time participant (minimum of 1700 hours), a part-time participant (900 hours), a reduced part-time participant (less than 900 hours), or a summer participant.

9. Give the name of the program or project.

10. Show the Program or Project ID that has been assigned to this program by the Corporation.

11. Indicate the type of termination of the end of service. Please be sure to follow the Corporation's regulations in making this selection. If participant is continuing service for another term under the National Service Trust on this or another project, another Trust Enrollment form must be completed.

12. Print your name, then sign and date the Certification of Service.

6. Hours of service completed

HOURS: 759

7. Date of Completion

DATE — MO.: 04 DAY: 19 YR.: 96

8. Type of Participant Enrollment: (Mark only one.)

- ● Full-time
- ○ Part-time
- ○ Reduced part-time
- ○ Summer
- ○ Other (Specify:_____)

9. Name of Program/Project: Dry Hydrant Coordinator - USDA-NRCS Winnsboro, LA

10. Program/Project ID Number: 95ADFDC047422A

11. Type of termination:

- ○ Completion of service as scheduled and eligible for an education award.
- ● Early termination for Cause and not eligible for an education award.
- ○ Early termination for Compelling Personal Circumstance and eligible for a partial education award.

12. Certification of Service:

I certify that this individual performed the service indicated above.

Billy R. Moore, Project Director
Name of Authorized Certifying Official

Billy R. Moore
Signature of Authorized Certifying Official

6/24/96
Date

RECEIVED USDA SCS MAIL ROOM MAY 31 12 52 PM '96

AMERICORPS NATIONAL SERVICE

UNITED STATES DEPARTMENT OF AGRICULTURE

April 16,1996

Mrs. Holly Martien
Administrative Assistant
3737 Government Street
Alexandria, Louisiana 71302

Dear Holly,

Please accept this letter as a letter of resignation from the AmeriCorps Program effective Friday, April 26, 1996. I am discontinuing my term of service because I have located permanent employment.

My experience with AmeriCorps will be an unforgettable one. I have met many friends and acquaintances through the program. I now have a better working knowledge of state and federal agencies as well as police juries and volunteer fire departments. I now fully understand the meaning behind President Clintons' quote stating that the AmeriCorps program will provide members a vehicle for permanent employment in the near future. I feel that my time spent with the program is a fine example of this statement. If I was not enrolled in the AmeriCorps position I would not have been able to land my new position.

I feel that working under the supervision of Ms. Donna Remides has been a great asset to my term of service in the Louisiana USDA/ AmeriCorps Program. I hope the program will continue to be funded so that other members have the chance to receive the benefits that AmeriCorps has provided me with.

Good luck in the future and thanks again for providing me with a most memorable experience working for USDA/AmeriCorps.

Sincerely,

John Tom Murray

John Tom Murray

United States
Department of
Agriculture

Rural Development

6200 Jefferson St. N.E.
Room 255
Albuquerque, New Mexico 87109
505-761-4950
(FAX) 505-761-4976
TTY/TDD 505-761-4938

11 February, 1997

SUBJECT: New Mexico AmeriCorps Program

TO: Joel Berg
Director of National Service USDA
14th and Independence Ave. SW
Washington, DC 20250-1300

Dear Mr. Joel Berg

I want to take a few moments to thank you for your support of the AmeriCorps program in New Mexico. Your support enabled us to field up to 45 AmeriCorps members to assist the burned out New Mexico community of La Lama after the Hondo forest fire burned out that community. The work of those AmeriCorps will always be remembered by the residents of La Lama. Congressman Bill Richardson informed me that he received more letters of praise regarding our AmeriCorps involvement in La Lama than any other government activity in New Mexico. Your advise and assistance for that project were invaluable to me, in bringing about a successful project. Thank you, for that assistance!

New Mexico was selected as one of the states for a gleaning project. Again I wish to thank you for your confidence in selecting New Mexico for that important initiative. We were able to glean over 200,000 pounds of fresh produce to feed needy individuals in New Mexico. The members completed their hours at the height of the potato harvest. This left us with thousands of pounds of potatoes and needy individuals without manpower to serve them. Your efforts allowed us to bring on an additional AmeriCorps member at the height of the potato harvest which resulted in several low income Navajo families receiving thousands of pounds of good fresh potatoes. When I required your assistance you were available. Please accept this letter of appreciation, from the residents of New Mexico, as a job well done, by the "Director of National Service USDA".

Joel, your efforts are greatly appreciated by the USDA team that worked with the AmeriCorps program.

HI - TECH INTERNATIONAL, INCORPORATED

2800 SHIRLINGTON ROAD
SUITE 1001
ARLINGTON, VA 22206
(703) 998-0287
(703) 998-0315 Fax

March 27, 1997

Mr. Joel Berg
1829 S Street, N.W.
Apartment #2
Washington, D.C. 20001

Dear Mr. Berg:

Hi-Tech International, Inc., operating under contract with the Corporation for National Service, is coordinating the details for your participation in the AmeriCorps National Direct Grant Review to be held in Washington, D.C., at the Washington Plaza Hotel beginning on Monday, April 7, 1997.

The grant review meeting will take place at the Washington Plaza Hotel, 10 Thomas Circle, N.W., located at Massachusetts Avenue and 14th Street (Telephone: 202/842-1300). You are expected to be at the hotel to register between 8:00 and 9:00 a.m., on Monday. If you are a facilitator, there will be a meeting on Sunday, April 6 at 7:30 p.m. -- please look for the directional signs posted in the hotel. The grant review is expected to last until approximately 5 p.m., on Friday, April 11th. The Corporation will send you further information on the review itself.

If you need any additional information, please contact my office at 703/998-0287, extension 240.

Sincerely,

Dorothy Bondurant

Dorothy Bondurant
Conference Manager

CNS GRANT APPLICATION REVIEWS

CLAIM FOR REIMBURSEMENT FOR GROUND TRANSPORTATION:

Name:		Residence:			SSN:				
Authorization No.	**Point of Origin**	**Destination**	**Method of Travel**	**Fare (receipt) or Mileage**	**x .30 for mileage**	**Parking (Receipt)**	**Tolls (receipt)**		**TOTAL AMOUNT**
TOTALS									

Attach Receipts for shuttles, taxis, tolls, parking of POA (privately-owned vehicle).

Signature _____ **Date:** _____

COMMENTS:

PUBLIC TRANSPORTATION FROM WASHINGTON AREA AIRPORTS

WASHINGTON NATIONAL AIRPORT:

- Super Shuttle $8.00 per person 1/800-258-3826
- Taxi Cab Approx. $13 per person

BALTIMORE WASHINGTON AIRPORT

- Super Shuttle $28.00

DULLES INTERNATIONAL AIRPORT

- Washington Flyer $16.00 one way
  $26.00 round trip

  Non stop service to the Washington, D.C. Terminal located at 1517 K Street, N. W. (Phone: 703/685-1400)

There will be a short taxi ride to the Hotel at approximately $5.00

HOTEL: WASHINGTON PLAZA HOTEL

Telephone: 202/842-1300 Or 1/800-424-1140

PARKING: $10.00 per day (on premises)

Copies sent to all.

United States Department of Agriculture
Food Safety and Inspection Service
Washington, D.C. 20250

MAY 13 1997

SUBJECT: Potential Conflict of Interest Situation Involving USDA's 1-800-"GLEAN IT" Hotline

TO: All FSIS Employees

The Food and Consumer Service (FCS) of the U. S. Department of Agriculture has established the above hotline in an effort to support the Secretary's interest in using food that would otherwise go to waste help feed the hungry. While our Agency fully supports the intent of the program, all FSIS personnel must be aware that they cannot encourage or participate in any manner in an establishment's decision to take part in the "Glean It" program. To do so would create the appearance of a conflict of interest given our regulatory role with respect to the establishment's product.

If you are approached by a representative of an establishment concerning the USDA "Glean It" program, as an FSIS employee you are to refrain from offering any comments or suggestions, and should refer the representative to the hotline number, 1-800-Glean It or 1-800-453-2648, for further information on the program.

Ronald F. Hicks
Director
Personnel Division

FAX MEMORANDUM

3 pp.

National Association of
Service & Conservation Corps

Joel, this is yours.

TO: **USDA & Forest Service Contacts with Youth Corps**
- **Brian Burke, Deputy Undersecretary for Forestry, USDA**
- **Irving Thomas, Chief, USDA-FS Human Resource Programs**
- **Katherine Allen, USDA-FS HRP**
- **Ransom Hughes, USDA-FS HRP**
- **Guanda Veney-Fitch, USDA-FS-HRP**
- **David Gross, Mt. Hood National Forest**
- **Russ LaFayette, USDA-FS Watershed & Air Management Staff**
- **Jose Salinas, USDA-FS Recreation Staff**
- **Joel Berg, USDA**

From: **Andrew Moore, Vice President, Government Relations** Andrew

Date: **May 2, 1997**

Re: **Letter to Chief Dombeck**

This memo and the attached letter follow on our recent conversations about:

1) Barriers to further youth corps-Forest Service partnerships, and
2) Slow progress in determining the fate of the $8.9 million in FY97 funds originally reserved for the (late) Forest Service AmeriCorps program.

Subsequent to visits from constituent youth corps directors in March, several Senate Appropriations Committee members began circulating a letter to Chief Dombeck urging attention to these matters.

Ultimately, Senators Leahy, Murray and Wyden signed on, and Senator Gregg is sending a similar letter.

I trust that we can re-engage in our conversations about these matters soon, while planning for FY98 partnership opportunities is underway, and before the opportunity is lost to make best use of FY97 funds during the outdoor work season.

666 Eleventh Street, NW ■ Suite 1000 ■ Washington, DC 20001-4542 ■ (202) 737-6272 ■ (202) 737-6277 Fax
nascc@nascc.org E-mail

United States Senate

WASHINGTON, DC 20510

April 28, 1997

Mike Dombeck
Chief
USDA Forest Service
14th and Independence Avenue
Washington, DC

Dear Chief Dombeck:

Let us again congratulate you on your appointment as Chief of the Forest Service. Your early statements on the future of the Forest Service and your goals as Chief are encouraging. We look forward to working with you to achieve those goals.

Recognizing that we need to establish strong communication about many issues facing the Forest Service, we wish to focus in this letter on the call, at the time of your appointment, for "collaborative stewardship." One form of such stewardship that we encourage you to build upon is the partnerships between youth service corps and the Forest Service. State and local youth service corps have enjoyed a lengthy, productive and mutually beneficial relationship with the Forest Service. Youth corps projects have included trail, campground and facility rehabilitation, watershed improvement, streambank stabilization, and fisheries and wildlife habitat restoration.

We all recognize not only the cost-saving this creates for the Forest Service, but also the job training and respect for the environment is teaches participants. We are concerned that recent appropriations language, administrative and local decisions are jeopardizing this successful partnership. With the Forest Service AmeriCorps program now defunct, we urge you to review the Forest Service relationship with local youth corps programs. In particular, we encourage you to find opportunities to build-upon existing partnerships with state and local summer and year-round youth conservation corps program.

As a first step, we urge you to utilize the available balance of the funds originally reserved for the Forest Service Americorps programs to support a Forest Service public lands corps program through partnerships with youth corps.

We look forward to your response to these ideas and concerns.

Sincerely,

Patrick Leahy

PATRICK LEAHY
United States Senator

Patty Murray

PATTY MURRAY
United States Senator

Ron Wyden

RON WYDEN
United States Senator

™

AmeriCorps/USDA Application

A Program of the AmeriCorps® National Service Network

OMB # 0506-0004 EXP. 4-30-98

FORM AD 1099 (USDA) (4/95)

Application Instructions:

AmeriCorps is the national service initiative signed into law by President Clinton. During 1994-95, AmeriCorps' first year of existence, about 20,000 individuals of all ages and backgrounds performed critical service nationwide to meet human, environmental, public safety, and educational needs. Through the U.S. Department of Agriculture's AmeriCorps program in 1994-95, approximately 1,200 diverse individuals served in urban and rural communities to rebuild rural America, fighting hunger, and protecting the environment. In return, Members received a $4,725 voucher for education, vocational training, or loan repayments.

While there is no *typical* AmeriCorps Member, all people selected for AmeriCorps will demonstrate a commitment to service, a willingness to use their time and abilities to improve the lives of others, and an interest in learning new skills. Through their service, they will bring to life the AmeriCorps ethic of community and responsibility.

This application asks you to describe the skills and experience you offer to AmeriCorps, as well as the reasons why you hope to be selected. Consider each section carefully and respond to the best of your ability. Think about your role in service activities, membership in community organizations, academic experiences, and personal talents. Take into account everything from your past and present. Your application and personal references help create a full picture of you and what you bring to national service. Make sure that the application accurately reflects all the qualities that make you a good candidate for AmeriCorps.

I. Member Profile

1. Name:

2. Social Security Number: _ _ _ - _ _ - _ _ _ _*

3. Date of Birth (Month/Day/Year):

4. Current Address:
   Street: Apt.#:
   City: State: Zip Code:

5. Permanent Address:
   Street: Apt.#:
   City: State: Zip Code:

6. Telephone Number:
   Daytime: ( ) Evening: ( )

7. Are you a U.S. Citizen, a National or a lawful Permanent Resident Alien? o Yes o No

8. Date of Availability: _____/_____
   month/year

9. Have you been an AmeriCorps Member? Fulltime ____ Parttime ____
Summer _____ Did you complete your service? _____ Where? _____
When? _____ Describe your service work, on a separate sheet if necessary.

Privacy Act Notice

* The Department of Agriculture is asking for your Social Security Number because nearly all AmeriCorps members receive living allowances. Your Social Security Number will be used by the IRS for tax purposes and by the Corporation for National and Community Service for internal tracking purposes. it wil also be used by the National Service Trust to track educational awards. Your Social Security Number will not be released outside the Federal Government without your specific written consent.

II. Personal Statement

Please answer the following questions on an attached sheet.

1. Why do you want to join AmeriCorps?

2. What are your most important skills or experiences that will help you contribute to AmeriCorps?

III. Community Activities

List and describe your organizational memberships and community-based service experience. Include social, school, professional, and neighborhood projects and programs. Attach additional sheets if necessary.

Dates of Participation	Name of Group	Description of Activities/Position

IV. Skills

Indicate those areas in which you have had significant training or experience, including volunteer or community service experience.

. Leadership
. Business/Managing/Accounting
. Child Care/Development
. Communication/Journalism
. Community Outreach

IV. Skills (Continued)

. Construction
. Nutrition
. Survey/Questionnaire Interviewing
. Nutrition Education (for all ages)
. Recreation/Tourism Planning and Design
. Meeting Facilitation
. Supervisor
. General Forestry
. Solid Waste Specialist
. Marketing Specialist
. Public Speaking
. Research
. Writing
. Natural Resource
. Sociology
. Economics
. International Business
. Volunteer Organizing
. Law
. Geography
. Wood Utilization Specialist
. Social Services
. Teaching/Tutoring
. Victim Assistance
. Youth Work/Coaching
. Foreign Language (Specify): ----------

Other Skills not listed above (describe):

V. Educational Background

Check only highest level

1. o Graduate/Professional degree
2. o Graduate/Professional study
3. o College graduate
4. o Some college
5. o Technical school/Apprenticeship
6. o Associate degree
7. o High school graduate
8. o GED
9. o Less than high school completed

o Other (specify) _____

Beginning with the most recent, list all schools attended, including high school, any trade or technical schools, Job Corps, etc. Attach additional sheets if necessary.

Name of School	Location of School (City/State)	Dates Attended		Area of Study Major/Minor	Type of Degree/ Certificate and Date Received (expected)
		From Mo./Yr.	To Mo./Yr.		

VI. References

Please list two individuals whom we may contact as references. We encourage you to list people who know you well such as teachers, employers, guidance counselors, or community members.

1. Name:

Address: Apt. #:

City: State:
Zip Code:

Telephone Number:
Relation to you:

2. Name:

Address: Apt. #:

City: State:
Zip Code:

Telephone Number:
Relation to you:

VII. Employment Record

Please include any self-employment, home management, military service - active duty/ Reserve / National Guard, salaried employment. Start with your current or most recent experience. Photocopy this page if additional sheets are necessary.

A. Employer:
Your Title:
Name of Supervisor:
City/State:

Your Duties & responsibilities:

From: (mo/yr)
To: (mo./yr)
Hours per week:
Phone Number:
Reason for Leaving:

B. Employer:
Your Title:
Name of Supervisor:
City/State:

Your Duties & responsibilities:

From: (mo/yr)
To: (mo./yr)
Hours per week:
Phone Number:
Reason for Leaving:

C. Employer:
Your Title:
Name of Supervisor:
City/State:

Your Duties & responsibilities:

From: (mo/yr)
To: (mo./yr)
Hours per week:
Phone Number:
Reason for Leaving:

D. Employer:
Your Title:
Name of Supervisor:
City/State:

Your Duties & responsibilities:

From: (mo/yr)
To: (mo./yr)
Hours per week:
Phone Number:
Reason for Leaving:

VIII. Preferences

A. Geographic
- only in or around my hometown
- in my home state or region of the country
- anywhere in the country (* No reimbursement for relocation expenses)

B. Program Areas
-Anti-Hunger, Nutrition, and Empowerment
- Public Lands & Environment
- Rural Development

IX. Additional Information

Please attach additional information that you think will help us evaluate your application, including a description of any particular hardship or special circumstances you have faced.

X. Certification

All applications must be signed by the applicant. By signing this application, you are stating that all of the informatio provided is true to the best of your knowledge.

Signature Date

NOTE: The collection of this information is authorized by the provisions of the National and Community Service Act, as amended by the National and Community Service Trust Act of 19- Information will be used to determine qualifications for selection of persons in the AmeriCorps program. The information will not be disclosed outside the government without written permiss

The information in the section below is optional, will in no way affect your selection into the program, and will be processed separately. You have three options:

(1) You may return the Optional Information with the application;
(2) You may detach the Optional Information form and return it separately and anonymously; or
(3) You may choose not to return the Optional Information form.

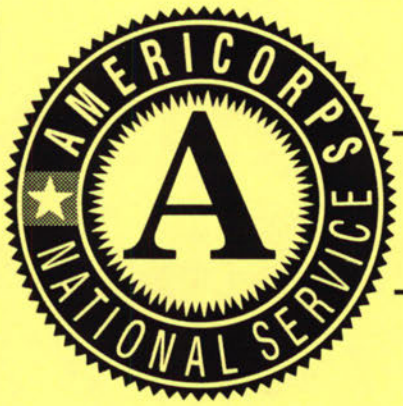
Optional Information

I. Describe your ethnic background:

_____Black (African American) _____Hispanic (Latino) _____American Indian/Alaskan Native
_____White/non-Hispanic _____Asian or Pacific Islander _____Other_____

II. Do you have any special needs that require accommodation? o Yes o No
(specify)_____

III. Does your family receive public assistance (e.g., AFDC, Food Stamps): o Yes o No
If yes, please specify_____
Total annual household income from all sources $_____
How many people (parents\siblings, children) live with you?_____



UNITED STATES DEPARTMENT OF AGRICULTURE

AmeriCorps Program
Agreement of Participation

Public Lands and Environment Corps

Part-Time Member

"Getting Things Done"

PUBLIC LANDS AND ENVIRONMENT CORPS

PART-TIME MEMBER

AGREEMENT OF PARTICIPATION IN

USDA's AMERICORPS PROGRAM

Whereas, the Corporation for National and Community Service (CNCS) and the United States Department of Agriculture (USDA) have jointly entered into this agreement to promote national and community service among the citizens of the United States to help meet human, educational, environmental, and public safety needs, particularly those related to poverty.

Whereas, the mission of the USDA AmeriCorps Program is to engage a diverse group of Americans in working partnerships with communities to provide real and measurable service to meet environmental and human needs, while earning education benefits and building an ethic of service, responsibility, and citizenship.

Whereas, USDA actively supports the development of the nation's youth through programs such as AmeriCorps.

Therefore, the USDA will operate it's AmeriCorps Program to further objectives of mutual civic obligation.

AUTHORITY: This agreement is entered into pursuant to the authority of the National and Community Service Act of 1990 as amended (42 U.S.C. 12501 et. Seq.), Public Law 103-82.

I. Purpose .

It is the purpose of this agreement to delineate the terms, conditions, and rules of membership regarding the participation in the USDA AmeriCorps Program. This agreement is hereby entered into on this _____ day of _____, 1995, between the United States Department of Agriculture (hereinafter referred to as the "Program") and _____ (hereinafter referred to as the "Member").

II. Minimum Qualification

The member certifies that he/she is a United States citizen, a national or a legal permanent resident and at least 17 years of age (or 16 in the case of a Youth Corps member)), and has not been previously terminated for cause from another AmeriCorps Program.

III. Term of Service

(a) The Member's term of service begins on _____ and ends on _____. The end date cannot exceed two years or not more then three years if the member is enrolled in an institute of higher education while performing all or a portion of the service.

(b) The member must complete 900 hours of direct community service in order to be eligible for the education award. In addition to the 900 hours of direct community service, the USDA term of service includes 20 hours of personal leave and 36 hours for Federal holiday. This makes the USDA Term of Service 956 hours. If a member does not use any of the personal leave and all of the holiday hours, s/he will receive a payment for the unused hours.

(c) The member understands that in order to be eligible for serving a second term of service, s/he must receive satisfactory performance reviews for any previous term of service. The member's eligibility for a second term of service will be based on at least a mid-term and end of term evaluation of his/her performance focusing on factors such as:

(1) completed the required number of hours;

(2) satisfactorily completed assignments, tasks, or projects; and

(3) met any other criteria that were clearly communicated both orally and in writing at the beginning of the term of service.

(d) The member understands, however, that mere eligibility for an additional term of service does not guarantee selection or placement. The member will have to apply and be considered with any other applicants applying for positions.

IV. Benefits

(a) The member will receive from the Program the following benefits --

an hourly wage of $4.41. The allowance will be paid on a biweekly basis (less tax withholdings).

(b) Upon successful completion of the member's term of service, the member will receive an education award of a value of $2,362.

(1) Prior to using the education award, the member agrees (in the event the member has not yet received a high school diploma or its equivalent, including an alternative diploma or certificate for individuals with learning disabilities) to obtain a high school diploma or its equivalent (unless the member is enrolled in an institution of higher education on an ability to benefit basis or the Program has waived the requirement due to the results of the member's education assessment).

(2) The member understands that his/her failure to disclose to the Program any history of having been released for cause from another AmeriCorps Program will render the member ineligible to receive the education award.

(c) If the member has received forbearance on a qualified student loan during the term of service, and the member has successfully completed the term of service, the National Service Trust will repay any interest that accrued on the loan during the term of service.

V. Rules of Conduct

The member agrees to act in conformance with, and abide by, all current and future rules and procedures established by USDA. The AmeriCorps Program member further agrees to act in conformance with and abide by, the provisions of 7CFR Part 735. Members must not misuse government property and must conform to the specific limitations of use of such property and must conform to the specific limitations of use of such property while on official Federal government business.

(a) the member is expected to, at all times while acting in an official capacity as a USDA AmeriCorps member:

(1) demonstrate mutual respect toward others;

(2) follow directions;

(3) direct concerns, problems, and suggestions to the appropriate Program official, and

(4) not engage in any activity involving proselytizing or assisting religious organizations, attempting to influence legislation or an election or aid a partisan political organization, helping or hindering union activity, or aiding a business organized for profit.

(b) At no time may the member:

(1) engage in personal use of government vehicles, property, tools, equipment, or telephones;

(2) possess or use any and all forms of addictive or hallucinatory drugs, including, but not limited to amphetamines, barbiturates, cocaine, marijuana, etc.;

(3) consume or be under the influence of intoxicating beverages on or in government-owned or leased property/vehicles; or transportation of such beverages in government vehicles;

(4) use abusive, vulgar, or discriminatory language, including verbal/sexual harassment toward fellow members, staff, supervisors, or other official contacts;

(5) destroy government or personal property of others;

(6) fail to comply with a supervisor's instructions, unless these instructions are clearly illegal or unsafe;

(7) transport family members, pets, or any unauthorized personnel in government vehicles;

(8) engage in any activity that is illegal under local, State, or Federal law;

(9) engage in activities that pose a significant safety risk to others.

(c) the member understands that following acts will also constitute a violation of the Program's rules of conduct:

(1) unauthorized tardiness;

(2) unauthorized absences;

(3) repeated use of inappropriate language (i.e. profanity) at job site;

(4) failure to wear appropriate clothing to service assignments;

(5) stealing or lying;

(6) engaging in activity that may physically or emotionally damage other members of the program or members of the community; or

(7) failure to notify the Program of any criminal arrest or conviction that occurs during the term of service.

(d) For violating the above stated rules, the program will do the following (except in cases where during the term of service the member has been charged with or convicted of a violent felony, possession, sale, or distribution of a controlled substance) :-

(1) for the member's first offense, an appropriate Program official will issue a verbal warning to the member;

(2) for the member's second offense, an appropriate Program official will issue a written warning and reprimand to the member;

(3) for the member's third offense, the member may be suspended for one or more days without compensation;

(4) for the fourth offense, the Program may release the member for cause.

(e) The program reserves the right to impose any one of the above sanctions regardless of the number of the offense (first, second, or third) if the Program determines that the violation is serious enough to warrant a more severe sanction than that listed above for the number of offense committed

(f) The member understands that s/he will be either suspended or released for cause in accordance with paragraphs (b), (d), and (e) of section VI of this agreement for committing certain acts during the term of service such as being convicted or charged with a violent felony, possession, sale, or distribution of a controlled substance.

VI. Release from Term of Service

(a) The member understands that s/he ma be released for the following two reasons:

(1) for cause, as explained in paragraph (b) of this section; or

(2) compelling personal circumstances as defined in paragraph (c) of this section.

(b) The Program will release the member for cause for the following reasons:

(1) the member has dropped out of the Program without obtaining a release for compelling personal circumstances from the appropriate Program official;

(2) during the term of service the member has been charged with a violent felony or the sale or distribution of a controlled substance;

(3) the member has committed a fourth offense in accordance with paragraph (d) of section V of this agreement; or

(4) any other serious breach that in the judgment of the Director of the Program would undermine the effectiveness of the Program.

(c) The Program may release the member from the term of service, due to compelling personal circumstances if--

(1) the member has a serious injury or illness that makes completing the term of service impossible;

(2) there is a serious injury, illness or death of an immediate family member and the member is needed to care for that family member or take over the duties of the family member;

(3) the member is drafted by the Armed Services of the United States; or

(4) some other circumstance occurs that makes it impossible or very difficult for the member to complete the term of service and the USDA Director of National Service deems that circumstance to be compelling.

(d) the program will suspend the member's term of service for the following reasons:

(1) during the term of service, the member has been charged with a violent felony of the sale or distribute of a controlled substance. (If the member is found not guilty or the charge is dismissed, the member may resume his/her term of service. The member, however, will not receive back living allowances or credit for any service hours missed.)

(2) during the term of service, the member has been convicted of a first offense of possession of a controlled substance. (If the member, however, demonstrates that s/he has enrolled in an approved drug rehabilitation program, the member may resume his/her term of service. The member will not receive back living allowance or credit for any service hours missed.)

(e) The Program may suspend the member's term of service for violating the rule of conduct provision in accordance with the rules set forth in paragraph (c) in section V of this agreement.

(f) If the member discontinues his/her term of service for any reason other than a release for compelling personal circumstances as described in paragraph (b), (d), and (e), the member will cease to receive the benefits described in paragraph (a) of section IV and will receive no portion of the education award or interest payments.

(g) If the member discontinues his/her term of service due to compelling personal circumstances as described in paragraph (b) of section V of this agreement, the member will cease to receive benefits described in Section IV. If, however, the member has completed at least 15% of the required service hours (135 service hours) the member will receive a pro-rated portion of the education award or interest payments described in paragraphs (b) and (c) of section IV.

VII Grievance Procedure

(a) The member understands that the Program has a "grievance procedure" (outlined in the Operations Manual) to resolve disputes concerning the member's suspension, dismissal, service evaluation or proposed service assignment;

(b) The member understands that, as a participant of the Program s/he may file a grievance in accordance with the Program's grievance procedure.

VIII. USDA Responsibilities to Members

(1) have selected all AmeriCorps Members in an impartial and non-discriminatory manner that bolsters AmeriCorps' vision of diversity;

(2) provide AmeriCorps members with approved handbooks, documents, and forms needed to follow the provisions of AmeriCorps and the National and Community Service Trust Act of 1993;

(3) provide AmeriCorps members with the orientation, training, technical assistance, and supervision necessary to complete their service activities;

(4) provide all AmeriCorps members with ongoing education and instruction needed not only to perform their specific service projects, but to grow and develop as citizens, community problem-solvers, and developing professionals;

(5) design and coordinate service projects for AmeriCorps members so that the members will continuously have productive and useful service projects in environmental or human needs;

(6) structure work schedules to ensure that AmeriCorps members will be reasonably able to perform 1,700 hours of service within twelve months;

(7) treat all AmeriCorps members with respect and provide them with the guidance, support, discipline, and counseling they reasonably require to perform AmeriCorps service;

(8) work with AmeriCorps members to develop mechanisms through which the AmeriCorps members can have significant input and impact upon service assignments, rules of conduct, and all other aspects of the AmeriCorps Program; and

(9) provide other additional support and services to ensure the success of all programs.

IX. Amendments to This Agreement

This agreement may be changed or revised by written consent by both parties.

X. Certification

By signing this agreement the member certifies that:

1. If s/he has served in a previous AmeriCorps program, that fact has been revealed to the project director/manager, and if s/he was released for cause from the previous AmeriCorps program, that fact has also been disclosed.

2. S/he understands that the law places restrictions on the purposes for which the education award can be used and that generally its redemption is limited to qualified loans (those covered by Title IV of the Education Act of 1965) and cannot be transferred to another person or used to pay off general loans even if those loans were used to pay education expenses. S/he further understands that they cannot be given a cash payment in lieu of an education award administered by the National Service Trust.

3. S/he understands that by signing this agreement s/he is making a commitment to complete the full term of service and that receipt of the education award is contingent upon the successful completion of the full term of service. If s/he should choose to leave before the completion of the service, regardless of how many hours have been completed, s/he is NOT eligible for any part of the education award.

4. S/he understands that s/he is not covered by the Fair Labor Standards Act and is not eligible for overtime pay. For example, s/he is not eligible for overtime pay for time worked in excess of eight (8) hours in a day or forty (40) hours in a week although such times does count toward completing the required term of service.

5. S/he understands s/he is not a Federal employee and that the service hours do not count toward any Federal retirement program computations nor does s/he obtain any special status with respect to seeking a Federal job on the basis of having successfully completed a term of service.

XI. Authorization

The member and Program hereby acknowledge by their signatures that they have read, understand, and agree to all terms and conditions of this agreement.

_____	_____
AmeriCorps Member	Date
_____	_____
USDA Project Director	Date

USDA AMERICORPS
VOLUNTEER INTEREST AND PLACEMENT SUMMARY

NAME *(Last, First, Middle)* Please Print or Type:

ADDRESS *(City, State or Province, Zip Code or Postal Code County)*

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

PHONE NO. (Include area code)
BUSINESS ( ) HOME ( )

EDUCATION: *(Circle highest level of education completed)*

GRADE SCHOOL 1 2 3 4 5 6 7 8 HIGH SCHOOL 9 10 11 12 COLLEGE 13 14 15 16 17 18 19

1. WHAT IS YOUR AREA OF AVAILABILITY? (Check appropriate box)
   STATE ☐ COUNTY ☐ CITY ☐
2. DATE OF AVAILABILITY
3. HOW MUCH TIME CAN YOU GIVE?
   WEEKLY _____ MONTHLY _____
4. HAVE YOU EVER DONE VOLUNTEER WORK?
5. WHERE WAS VOLUNTEER WORK PERFORMED?
6. WHAT TYPE OF VOLUNTEER WORK WAS PERFORMED?
7. OCCUPATION:
8. INTEREST, SKILLS, HOBBIES:
9. SPECIAL TRAINING:
10. WHAT TYPE OF VOLUNTEER WORK WOULD YOU LIKE TO DO FOR CONSERVATION?

A. OUTDOOR ACTIVITY ☐	D. CLERICAL ☐	G. COMPUTER ☐	OTHER *(Specify)* _____
B. TEACHING ☐	E. PHOTOGRAPHY ☐	H. MEDIA SERVICES ☐	_____
C. PUBLIC SPEAKING ☐	F. WRITING ☐		_____

11. WHY DO YOU WANT TO VOLUNTEER?
12. WHERE DID YOU LEARN ABOUT THE USDA VOLUNTEER PROGRAM?

TV ☐ RADIO ☐ NEWSPAPER ☐ FRIEND ☐ OTHER _____

SIGNATURE OF VOLUNTEER

PRIVACY ACT STATEMENT

This information is provided to comply with the Privacy Act (PL 93-579). U.S.C. 301 and 7 CFR 260 authorize acceptance of the information requested on this form. The data will be used to contact applicants and to interview, screen, and select them for volunteer assignments. Furnishing this data is

U S Department of Agriculture

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OMB No. 3200-0015

CORPORATION FOR NATIONAL SERVICE

Corporation for National Service
AmeriCorps*USA

OPERATING SITE INFORMATION FORM

Instructions

This form should be completed by every AmeriCorps operating site at the beginning of the grant period. Before completing this form, please review the definitions and examples below. If after reading the definitions and examples, you are still uncertain about who completes this form, please contact the Office of Evaluation at the Corporation for National Service, 202-606-5000 (x488).

SECTION I – Operating Site Identification

Corporation Grantee: The organization that receives money directly from the Corporation. Generally, the grantee is also the legal applicant. State Commissions, national non-profits, tribal governments, and federal agencies are usually the Corporation grantees.

Operating Site: The final unit that performs direct service and administers AmeriCorps grant money. An operating site has an AmeriCorps budget and a staff. It is responsible for Member supervision, record keeping, program administration, etc.

Operating Site ID: A Corporation-issued identification number based on Corporation grantee ID numbers. The attached reference guide lists all operating site IDs by State. If you have any questions, please call your Corporation Grantee or the Office of Evaluation.

Operating Site Congressional Districts: The congressional districts in which the operating site provides services.

National Non-Profit/Federal Agency Examples

Example 1:

A national non-profit organization, Helping America!, receives a grant from the Corporation. Helping America! awards some of its grant money to a Helping America! program called Volunteers in Action. Volunteers in Action places individual AmeriCorps Members in community-based organizations.

The *Corporation grantee* is Helping America!.

The *operating site* is Volunteers in Action.

The *host organizations* are the community-based organizations.

Who completes this form?: VOLUNTEERS IN ACTION

Example 2:

A national non-profit organization (or federal agency) receives a grant from the Corporation. The national non-profit organization provides money to five regional offices. From those offices, teams of AmeriCorps Members work on environmental projects in concert with environmental non-profits in each region.

The *Corporation grantee* is the national non-profit.

The *operating sites* are the regional offices.

The *host organizations* are the environmental non-profits.

Who completes this form?: EACH REGIONAL OFFICE

Continued on next page →

State Commission Examples

Example 1:

A State Commission receives a grant from the Corporation. It awards a subgrant to a non-profit organization. The non-profit organization places AmeriCorps Members in community organizations throughout the state, and there are no administrative "offices" between the non-profit and the Members.

The *Corporation grantee* is the State Commission.

The *operating site* is the non-profit organization.

The *host organizations* are the community organizations throughout the state where the AmeriCorps Members serve.

Who completes this form?: THE NON-PROFIT ORGANIZATION THAT RECEIVED THE STATE COMMISSION GRANT

Example 2:

A State Commission receives a grant from the Corporation to operate a state conservation corps. The corps has a city office and a rural office. Each office manages several teams. The city teams renovate parks and green space with the city Recreation Department; the rural teams do stream rehabilitation with the state Environmental Agency.

The *Corporation grantee* is the State Commission.

The *operating sites* are the city and rural offices.

The *host organizations* are the Recreation Department and the Environmental Agency.

Who completes this form?: THE CITY AND RURAL OFFICES

SECTION II – Operating Site Profile

Urban/suburban/rural: The program setting or settings in which most of your Members work.

Residential/non-residential: If your Members live in AmeriCorps-provided dormitories or housing, your operating site is residential; if they do not, it is non-residential.

Individual-based: Operating sites using an individual placement model in which Members are assigned to project sites in small numbers (one or two per site) and generally work under the supervision of host organization personnel.

Crew-based or Team-based: Operating sites using a corps model in which Members work in larger groups and are generally supervised by AmeriCorps personnel.

Direct Service: Service provided by Members that directly benefits service recipients.

Coordinating Volunteers: Service provided by Members that consists primarily of recruiting, coordinating, and supervising non-paid community volunteers, who, in turn, provide service.

SECTION III – Primary Partners

Host Organizations: Those organizations through which your Members provide services. Please be as specific as possible, identifying the unit within your host organization that directly coordinates your service. For example, an operating site providing services in a national park should identify the park administrative unit with whom they work, not the Department of the Interior.

Funders: Those organizations or individuals who provide funds for the AmeriCorps operating site. Please include cash amounts as well as the estimated value of in-kind contributions. On the first line, indicate the amount your operating site receives from the Corporation grant (either directly or through a subgrant). If you receive funds from your Corporation grantee beyond those that originally came from the Corporation, and you know the ultimate source of those funds (i.e., the contributors to your Corporation grantee), please provide the names of those contributors. Otherwise, include your Corporation grantee as a source of funding. If you anticipate receiving funding from an organization but the funds have not yet been committed, please list that organization in the "Anticipated Funders" column. When categorizing your contributors, report private individuals as "other."

SECTION IV – Direct Services

For each priority area that is a primary focus of your service, mark all the services you provide. Then complete part b by estimating the proportion of your total service time that is devoted to that priority. Your responses to the five part b questions (education, human needs, public safety, environment, other) should sum to 100 percent of your direct service time.

SECTIONS V, VI – Other Service Information

Please mark the appropriate ovals as indicated.

SECTION VII – Operating Site Description

Please provide a description of your operating site and the services your AmeriCorps Members provide.

USE NO. 2 PENCIL ONLY! Erase cleanly any changes or stray marks. WRONG MARKS ✓ ✗ ● ⊙ RIGHT MARK ●

SECTION I Operating Site Identification

Corporation Grantee: _____

Operating Site Name: _____

Operating Site ID: 95ADFOCO47Z11A

93	A	D	C	A	N	A	N	0	0	0	0	0	0	0
94	L	H	D	B	O	B	O	1	1	1	1	1	1	1
95	N	M	F	C	P	C	P	2	2	2	2	2	2	2
		S	L	D	Q	D	Q	3	3	3	3	3	3	3
			N	E	R	E	R	4	4	4	4	4	4	4
				F	S	F	S	5	5	5	5	5	5	5
				G	T	G	T	6	6	6	6	6	6	6
				H	U	H	U	7	7	7	7	7	7	7
				I	V	I	V	8	8	8	8	8	8	8
				J	W	J	W	9	9	9	9	9	9	9
				K	X	K	X							
				L	Y	L	Y							
				M	Z	M	Z							

Telephone: 1. ( ) _____

2. ( ) _____

Fax Number: ( ) _____

First Date of Member Training or Service: _____ **(use earlier date)**

Note: Insert only one letter in each of these blocks.

Operating Site Address:

_____
Number and Street

_____
City and State ZIP Code

Operating Site Congressional Districts (please use the district numbers): _____

E-Mail Address: _____

Who completed this form (please print): _____

Date form was completed: _____
Month Day Year

SECTION II Operating Site Profile

1. Is your program:

(mark one) ▶ **a.** ○ Primarily Urban ○ Primarily Rural ○ Primarily Suburban ○ Mixed _____ Describe Briefly

(mark one) ▶ **b.** ○ Residential ○ Non-Residential

(mark one) ▶ **c.** ○ Individual-based, providing direct service ○ Individual-based, "coordinating" volunteers ○ Crew-based/Team-based, providing direct service ○ Crew-based/Team-based, "coordinating" volunteers

2. Number of paid staff involved with AmeriCorps when fully operational

(do not include AmeriCorps Members): _____ (full-time) _____ (part-time)

3. Number of AmeriCorps Members who will be enrolled at your operating site when you are fully operational: _____

4. Did your Corporation grantee operate a service program prior to this program year? ○ Yes ○ No

If "Yes," was it an AmeriCorps-type program? ○ Yes ○ No

5. Did your operating site operate a service program prior to this program year? ○ Yes ○ No

If "Yes," was it an AmeriCorps-type program? ○ Yes ○ No

SECTION III Primary Partners

Current and Anticipated Host Organizations:

If your Members provide service through other organizations, please list those organizations below. Be as specific as possible; e.g., if Members serve in schools, list the schools by name rather than the district.

Organization Codes

1 = For-profit organization
2 = Community-based organization, Non-profit
3 = Federal Government
4 = State Government
5 = Local Government
6 = Educational institution/organization
7 = Foundation
8 = Religious organization
9 = Other

	Name	ZIP Code	Type of Organization (mark one)
ex:	Anytown Junior High School	22222	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
1.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
2.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
3.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
4.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
5.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
6.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
7.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
8.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
9.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
10.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
11.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
12.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
13.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
14.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
15.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
16.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
17.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
18.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
19.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
20.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
21.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
22.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
23.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
24.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
25.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
26.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
27.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
28.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
29.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
30.			① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

Current and Anticipated Funders:

Print or type the full name and ZIP code of your primary funders:

Organization Codes

1 = For-profit organization
2 = Community-based organization, Non-profit
3 = Federal Government
4 = State Government
5 = Local Government
6 = Educational institution/organization
7 = Foundation
8 = Religious organization
9 = Other

	Current Funders	ZIP Code	FUNDING AMOUNTS Cash	In-kind	Total	Type of Organization (mark one)
1.	Corporation for National Service	20525				1 2 3 4 5 6 7 8 9
2.						1 2 3 4 5 6 7 8 9
3.						1 2 3 4 5 6 7 8 9
4.						1 2 3 4 5 6 7 8 9
5.						1 2 3 4 5 6 7 8 9
6.						1 2 3 4 5 6 7 8 9
7.						1 2 3 4 5 6 7 8 9
8.						1 2 3 4 5 6 7 8 9
9.						1 2 3 4 5 6 7 8 9
10.						1 2 3 4 5 6 7 8 9
11.						1 2 3 4 5 6 7 8 9
12.						1 2 3 4 5 6 7 8 9
13.						1 2 3 4 5 6 7 8 9
14.						1 2 3 4 5 6 7 8 9
15.						1 2 3 4 5 6 7 8 9
	Anticipated Funders					
1.						1 2 3 4 5 6 7 8 9
2.						1 2 3 4 5 6 7 8 9
3.						1 2 3 4 5 6 7 8 9
4.						1 2 3 4 5 6 7 8 9
5.						1 2 3 4 5 6 7 6 9
6.						1 2 3 4 5 6 7 8 9
7.						1 2 3 4 5 6 7 8 9
8.						1 2 3 4 5 6 7 8 9
9.						1 2 3 4 5 6 7 8 9
10.						1 2 3 4 5 6 7 8 9
11.						1 2 3 4 5 6 7 8 9
12.						1 2 3 4 5 6 7 8 9
13.						1 2 3 4 5 6 7 8 9
14.						1 2 3 4 5 6 7 8 9

SECTION IV What are the primary direct services that you provide?

Note: Your responses to 1b, 2b, 3b, 4b, and 5b should sum to 100 percent.

1a. Education *(Include primary services only; mark all that apply.)*

School Readiness

- ○ Child care
- ○ Head start/preschool
- ○ Parent literacy
- ○ Other (Specify: _____)

School Success

- ○ In-class support
- ○ After school tutoring
- ○ After school mentoring
- ○ Service-learning coordinator
- ○ Other (Specify: _____)

b. About what percent of direct service time is devoted to Education:

% ⓪⓪⓪ ①①① ②②② ③③③ ④④④ ⑤⑤⑤ ⑥⑥⑥ ⑦⑦⑦ ⑧⑧⑧ ⑨⑨⑨

3a. Public Safety *(Include primary services only; mark all that apply.)*

Crime Prevention

- ○ Violence prevention patrols
- ○ Conflict resolution
- ○ Reduction of substance abuse
- ○ After school activities
- ○ Other (Specify: _____)

Crime Control

- ○ Community policing
- ○ Victim assistance
- ○ Anti-victimization programs
- ○ Juvenile justice programs
- ○ Other (Specify: _____)

b. About what percent of direct service time is devoted to Public Safety:

% ⓪⓪⓪ ①①① ②②② ③③③ ④④④ ⑤⑤⑤ ⑥⑥⑥ ⑦⑦⑦ ⑧⑧⑧ ⑨⑨⑨

2a. Human Needs *(Include primary services only; mark all that apply.)*

Health

- ○ Independent living assistance
- ○ Supporting community health clinics
- ○ Prenatal care
- ○ Health care to families of young children
- ○ Other (Specify: _____)

Home

- ○ Shelter support for the homeless
- ○ Rehabilitating low income-housing
- ○ Public assistance transaction support
- ○ Other (Specify: _____)

b. About what percent of direct service time is devoted to Human Needs:

% ⓪⓪⓪ ①①① ②②② ③③③ ④④④ ⑤⑤⑤ ⑥⑥⑥ ⑦⑦⑦ ⑧⑧⑧ ⑨⑨⑨

4a. Environment *(Include primary services only; mark all that apply.)*

Neighborhood Environment

- ○ Revitalizing neighborhoods
- ○ Eliminating environmental risks
- ○ Energy efficiency efforts, recycling
- ○ Other (Specify: _____)

Natural Environment

- ○ Conserving and restoring public lands
- ○ Trail maintenance
- ○ Natural resource sampling, mapping, and monitoring
- ○ Other (Specify: _____)

b. About what percent of direct service time is devoted to Environment:

% ⓪⓪⓪ ①①① ②②② ③③③ ④④④ ⑤⑤⑤ ⑥⑥⑥ ⑦⑦⑦ ⑧⑧⑧ ⑨⑨⑨

5a. Other

- ○ (Specify: _____)

b. About what percent of direct service is devoted to service work in other areas:

% ⓪⓪⓪ ①①① ②②② ③③③ ④④④ ⑤⑤⑤ ⑥⑥⑥ ⑦⑦⑦ ⑧⑧⑧ ⑨⑨⑨

SECTION V — Who are the primary beneficiaries of the services your Members provide?

(Include primary beneficiaries only; mark all that apply.)

Primary Beneficiaries

- ○ Pre-School children
- ○ K–12 students
- ○ College students
- ○ Young adults (ages 17–24)
- ○ Senior citizens
- ○ General public
- ○ Educationally disadvantaged
- ○ Economically disadvantaged
- ○ Mentally disabled persons
- ○ Physically challenged persons
- ○ Homeless
- ○ Low-income housing residents
- ○ Unemployed
- ○ "At-Risk" youth
- ○ Immigrants, refugees
- ○ Migrant workers
- ○ Patients/Residents in hospitals, nursing homes, hospices, other long-term care facilities
- ○ Substance-dependent individuals
- ○ Outdoor recreationalists
- ○ Environmentalists/conservationists
- ○ Families/Parents
- ○ Business Community
- ○ Veterans
- ○ Other (Specify: _____)

SECTION VI — What are the major services you provide for Members?

(Mark all that apply.)

a. Basic Education

- ○ Basic/remedial education
- ○ English as a second language
- ○ General education development (GED) preparation
- ○ Tutoring, other preparatory assistance
- ○ Other (Specify: _____)

b. Occupational Education

- ○ Communication skills
- ○ Working in teams
- ○ General employment skills
- ○ Specific occupational skills
- ○ Work experience, job shadowing, etc.
- ○ Career awareness, job search skills
- ○ Other (Specify: _____)

c. Participant Development

- ○ Leadership training
- ○ Self-esteem enhancement
- ○ Reflection/community awareness
- ○ Citizenship education
- ○ Mediation training
- ○ Other (Specify: _____)

d. Life Skills

- ○ Parenting and family management
- ○ Nutrition
- ○ Personal health care
- ○ Personal finances
- ○ Individual or group counseling
- ○ Interpersonal skills
- ○ Substance abuse prevention program
- ○ Substance abuse treatment program
- ○ CPR training
- ○ Other (Specify: _____)

SECTION VII **Please describe in 3–4 sentences your operating site and the services your AmeriCorps Members provide.**

EXAMPLE:

A major cause of infant mortality in X is poor prenatal care. Through AmeriCorps, Members conduct door-to-door community outreach to educate mothers and their families about the importance and availability of care. They also staff traveling health clinics which reach women who are homebound. AmeriCorps Members expect to increase clinic use by 25%.

THANK YOU!

Send comments on this form (OMB# 3045-0015) to The Corporation for National Service, Washington, D.C. 20525

AMERICORPS MEMBER EXIT FORM

CORPORATION FOR NATIONAL SERVICE

USE NO. 2 PENCIL ONLY! Erase cleanly any changes or stray marks. Make black marks that fill the circles.

Program Identification:

In what AmeriCorps program did you participate?

- ○ AmeriCorps * VISTA
- ○ AmeriCorps * NCCC
- ○ AmeriCorps * USA
- ○ Other

Participant Identification:

Participant's Name: _____
(Print clearly.) First Middle Initial Last

Participant's SSN:

SOCIAL SECURITY NUMBER

			–		–			
0	0	0		0	0	0	0	0
1	1	1		1	1	1	1	1
2	2	2		2	2	2	2	2
3	3	3		3	3	3	3	3
4	4	4		4	4	4	4	4
5	5	5		5	5	5	5	5
6	6	6		6	6	6	6	6
7	7	7		7	7	7	7	7
8	8	8		8	8	8	8	8
9	9	9		9	9	9	9	9

The Corporation for National Service is very interested in your experiences in the AmeriCorps program. We will use your comments from this form to help us improve future programs. Your answers on this form will be kept completely private. No one from your program will know how you answer.

Please answer the questions honestly, then fold and seal the form. Thank you!

1. Did you complete your AmeriCorps term of service?

- ○ Yes (skip to question 2)
- ○ No (continue below)

→ Please indicate below the main reason why you left your program:

- ○ Got a job/expanded working hours
- ○ Enrolled in a job training program
- ○ Enrolled in another service program
- ○ Dissatisfied with assigned tasks
- ○ Enlisted in the military
- ○ Enrolled in school
- ○ Dissatisfied with program staff/supervisor
- ○ Moved away
- ○ Health reasons
- ○ Left at parent's request
- ○ Asked to leave the program by project manager
- ○ Left program for other personal reasons (please specify_____)

2. If a friend was thinking about joining your AmeriCorps program, how strongly would you encourage your friend to join?

- ○ Strongly encourage joining
- ○ Encourage joining
- ○ Discourage joining
- ○ Strongly discourage joining

3. How likely are you to volunteer to serve your community in the future?

- ○ Very likely
- ○ Likely
- ○ Not likely
- ○ Not at all

4. *Thinking about your answer to question 3*, how much did your AmeriCorps experience affect your feelings about serving your community?

- ○ Very much
- ○ Somewhat
- ○ Not much
- ○ Not at all

PRIVACY ACT NOTICE

The collection of this information is authorized by the provisions of the National and Community Service Act, as amended by the National and Community Service Trust Act of 1993. Information will be used for reporting purposes only. The information will not be disclosed on an individual basis outside the government without written permission.

11/94

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5. **How likely are you to continue your education?**

- ○ Very likely
- ○ Likely
- ○ Not likely
- ○ Not at all

6. ***Thinking about your answer to question 5*, how much did your AmeriCorps experience affect your feelings about continuing your education?**

- ○ Very much
- ○ Somewhat
- ○ Not much
- ○ Not at all

7. **If you plan to continue your education, at what level will you continue in school?**

- ○ High School
- ○ Tech/trade school
- ○ Junior College
- ○ College/University
- ○ Other (specify_____)

8. **Did you receive academic credit or a General Equivalency Diploma (GED) as a result of your participation in the program?**

- ○ No (skip to question 9)
- ○ Yes (continue below)

→ Please indicate below what type of academic credit:

- ○ GED
- ○ College Credit Hours
- ○ Workstudy Credits
- ○ CEUs (Continuing Education Units)
- ○ Other (specify_____)

9. **Did you benefit from participating in AmeriCorps?**

- ○ No (skip to question 10)
- ○ Yes

→ Please indicate below the primary benefits you received: (mark all that apply)

- ○ Learned about or worked with different ethnic/cultural groups
- ○ Explored future job/educational interests
- ○ Learned about public safety issues
- ○ Learned about environmental issues
- ○ Made new friends
- ○ Served my community
- ○ Developed leadership skills
- ○ Obtained an educational scholarship
- ○ Helped others
- ○ Gained communication skills
- ○ Learned job skills
- ○ Accomplished a specific task
- ○ Made money
- ○ Was part of a national movement

10. **How satisfied were you with:**

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
a. Your overall AmeriCorps experience	○	○	○	○
b. The service activities you performed this year	○	○	○	○
c. The training you received	○	○	○	○
d. The progress you made toward completing your assignments	○	○	○	○
e. The support (transportation, tools, materials) you received to do your assignments	○	○	○	○
f. The local program staff when you had questions or needed help	○	○	○	○
g. The effect your work had on the community	○	○	○	○

11. **What do you feel were the <u>two most important</u> skills you learned through AmeriCorps?**

1. _____

2. _____

12. **What did you like <u>most</u> about your AmeriCorps program?**

_____

_____

_____

13. **What did you like <u>least</u> about your AmeriCorps program?**

_____

_____

_____

14. **What recommendations do you have for improving the program next year?**

_____

_____

_____

U.S. Department of Agriculture

USDA AMERICORPS
AGREEMENT FOR SPONSORED VOLUNTARY SERVICES

NAME OF SPONSOR ORGANIZATION (PRINT)

ADDRESS (Street, City, State, Zip Code)

NAME OF USDA ORGANIZATION IMPLEMENTING THE COMPONENT OF THE USDA AMERICORPS PROGRAM TO BE SUPPORTED

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act (PL 93-579). U.S.C. 301 and 7 CFR 260 authorize acceptance of the information requested on this form. The data will be used to contact applicants and to interview, screen, and select them for volunteer assignments. Furnishing this data is voluntary.

1. Description of volunteer service to be performed:

2. The above-described volunteer service will be contributed to the USDA organization implementing the particular component of the USDA AmeriCorps program to be supported by the volunteer service. Except as provided below, the volunteer service performed by the volunteers will not confer on them or on employees or officers of the sponsoring non-USDA organization the status of federal employees.

3. We will provide the USDA organization implementing the particular component of the USDA AmeriCorps program to be supported by the volunteer service with a listing of participants and person-hours or person-days contributed to accomplish the work in item 1 above, as well as any other specific information requested relating to quantity and quality measurements.

4. We will obtain parental or guardian consent of each individual under 18 years of age and will comply with child labor laws.

5. _____ is hereby designated to serve as our liaison with the USDA Organization implementing the particular component of the USDA AmeriCorps program to be supported by the volunteer service in day-to-day operations under this agreement.

6. We understand that either the USDA AmeriCorps organization implementing the USDA AmeriCorps program, or we, may cancel this agreement at any time by notifying the other party in writing.

SIGNATURE DATE

ACCEPTANCE FOR THE USDA ORGANIZATION

The_____agrees, while this agreement is in effect, to:

1. Provide such materials, equipment, and facilities as are available and needed in performing the work described above as described in the accompanying project plan/budget.

2. Finance necessary incidental expenses of sponsored participants to the extent such expenses cannot be borne by the sponsor, and to the extent that_____funds are available. The maximum funding of such incidental expenses shall be set fort in the accompanying project plan/budget for each fiscal year or portion of a fiscal year.

3. Consider sponsored participants as federal employees for the purpose of tort claims and compensation for work injuries, to the extent not covered by the sponsor. Authorization by PL 97-98.

4. Authorize non-minor sponsored participants to operate federal motor vehicles when necessary provided that the individual holds a valid drivers license.

Signature Title Unit Date

TERMINATION OF THE AGREEMENT

AGREEMENT TERMINATED ON (Month, Day, Year) Signature of USDA Representative

Remarks:

See Reverse Side

We desire to make available the volunteer services of the following person(s) to assist with the Natural Resources Conservation Service work.

NAME		NAME	
ADDRESS		ADDRESS	
SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER	
TELEPHONE NUMBER	DATE OF BIRTH	TELEPHONE NUMBER	DATE OF BIRTH
NAME		NAME	
ADDRESS		ADDRESS	
SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER	
TELEPHONE NUMBER	DATE OF BIRTH	TELEPHONE NUMBER	DATE OF BIRTH
NAME		NAME	
ADDRESS		ADDRESS	
SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER	
TELEPHONE NUMBER	DATE OF BIRTH	TELEPHONE NUMBER	DATE OF BIRTH
NAME		NAME	
ADDRESS		ADDRESS	
SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER	
TELEPHONE NUMBER	DATE OF BIRTH	TELEPHONE NUMBER	DATE OF BIRTH
NAME		NAME	
ADDRESS		ADDRESS	
SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER	
TELEPHONE NUMBER	DATE OF BIRTH	TELEPHONE NUMBER	DATE OF BIRTH

OMB DISCLOSURE STATEMENT

Public reporting burden for this collection of information is approximately (45) minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture Clearance Officer OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork Reduction Project (OMB No.), Washington, D.C. 20503.

U S Department of Agriculture

USDA AMERICORPS
VOLUNTEER INTEREST AND PLACEMENT SUMMARY

NAME *(Last, First, Middle)* Please Print or Type:

ADDRESS *(City, State or Province, Zip Code or Postal Code County)*

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

PHONE NO. (Include area code)
BUSINESS ( ) HOME ( )

EDUCATION: *(Circle highest level of education completed)*

GRADE SCHOOL 1 2 3 4 5 6 7 8 HIGH SCHOOL 9 10 11 12 COLLEGE 13 14 15 16 17 18 19

1. WHAT IS YOUR AREA OF AVAILABILITY? (Check appropriate box)
   STATE ☐ COUNTY ☐ CITY ☐
2. DATE OF AVAILABILITY
3. HOW MUCH TIME CAN YOU GIVE?
   WEEKLY _____ MONTHLY _____
4. HAVE YOU EVER DONE VOLUNTEER WORK?
5. WHERE WAS VOLUNTEER WORK PERFORMED?
6. WHAT TYPE OF VOLUNTEER WORK WAS PERFORMED?
7. OCCUPATION:
8. INTEREST, SKILLS, HOBBIES:
9. SPECIAL TRAINING:
10. WHAT TYPE OF VOLUNTEER WORK WOULD YOU LIKE TO DO FOR CONSERVATION?

A. OUTDOOR ACTIVITY ☐	D. CLERICAL ☐	G. COMPUTER ☐	OTHER *(Specify)* _____
B. TEACHING ☐	E. PHOTOGRAPHY ☐	H. MEDIA SERVICES ☐	_____
C. PUBLIC SPEAKING ☐	F. WRITING ☐		_____

11. WHY DO YOU WANT TO VOLUNTEER?
12. WHERE DID YOU LEARN ABOUT THE USDA VOLUNTEER PROGRAM?

TV ☐ RADIO ☐ NEWSPAPER ☐ FRIEND ☐ OTHER _____

SIGNATURE OF VOLUNTEER

PRIVACY ACT STATEMENT

This information is provided to comply with the Privacy Act (PL 93-579). U.S.C. 301 and 7 CFR 260 authorize acceptance of the information requested on this form. The data will be used to contact applicants and to interview, screen, and select them for volunteer assignments. Furnishing this data is

Send comments on this form to OMB Paperwork Reduction Project (3045-0006) Washington, D.C. 20503

OMB# 3045-0006

NATIONAL SERVICE TRUST ENROLLMENT FORM

CORPORATION FOR NATIONAL SERVICE

Please CAREFULLY read instructions BEFORE filling out BOTH sides of this form.

USE NO. 2 PENCIL ONLY! Erase cleanly any changes or stray marks. Make black marks that fill the circles.

1. Print clearly your full name, including middle initial.
2. Provide your date of birth (in six digits, e.g. 11-03-74)
3. Provide your Social Security number. (If you do not have a Social Security card, you must obtain one.)
4. Indicate whether you plan to use the education award to pay for a student loan you owe and/or for future education expenses. If you are not sure, mark "Not sure".
5. Print clearly your current address and phone number.
6. Print clearly your permanent address (if it is the same as your current address, write "SAME").
7. Sign your name.

1. Participant's Name: _____

First Middle Initial Last

2. What is your birthdate?

DATE					
MO.		DAY		YR.	
0	0	0	0	0	0
1	1	1	1	1	1
	2	2	2	2	2
	3	3	3	3	3
	4		4	4	4
	5		5	5	5
	6		6	6	6
	7		7	7	7
	8		8	8	8
	9		9	9	9

3. What is your SSN?

SOCIAL SECURITY NUMBER								
		–		–				
0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9

4. How do you plan to use this award? (Mark all that apply.)

- ○ Repay an outstanding student loan
- ○ Pay for future education
- ○ Not sure

5. Current Address
(All information will be sent to you at this address until you notify the Corporation of a change of address.)

Number and Street

City and State Zip Code

Home Phone

Business or School Phone

6. Permanent Address
(Name and address of a person through whom you can always be reached.)

Name

Number and Street

City and State Zip Code

Home Phone

Business or School Phone

7. Participant's Signature: _____ **Date:** _____

To be filled out by Approving Official

USE NO. 2 PENCIL ONLY! Erase cleanly any changes or stray marks. Make black marks that fill the circles.

Sections 8-13 must be completed by one of the following:

(a) the State Director of the Corporation for National Service if participant is a VISTA participant.

(b) the Camp Commander or his/her designee if participant is a National Civilian Community Corps participant.

(c) the Program Director if participant is an AmeriCorps USA program participant.

8. Indicate whether the participant is enrolled in a full-time or part-time program. If a VISTA or a National Civilian Community Corps participant, mark "Full-time" program unless enrolled in the summer program. If an AmeriCorps USA participant, indicate whether the individual is a full-time participant (minimum of 1700 hours) or a part-time participant (900 hours). If reduced part-time, indicate the number of hours.
9. Indicate whether the participant receives an education award or Stafford Loan Forgiveness. (Unless informed otherwise, mark "Education Award".)
10. Indicate the type of program in which participant is enrolled. If "Other", be specific.
11. Provide the date of the participant's enrollment in the program (in six digits).
12. Provide the date of the participant's expected completion of the program (in six digits).
13. The Approving Official must provide the name of the program, program director, phone number (including area code), program address, and sign the form. The program I.D. number should reflect either the assigned grant number or other approved identification number.

8. Type of Participant Enrollment: (Mark only one.)

- ○ Full-time
- ○ Part-time
- ○ Reduced part-time (How many hours_____)
- ○ Summer
- ○ Other (Specify:_____)

9. Participant receives: (Mark only one.)

- ○ Education Award
- ○ Stafford Loan Forgiveness

10. Type of program: (Mark only one.)

- ○ AmeriCorps USA
- ○ National Civilian Community Corps
- ○ VISTA
- ○ Other(Specify:_____)

11. Date of Enrollment

DATE					
MO.		DAY		YR.	
0	0	0	0	0	0
1	1	1	1	1	1
	2	2	2	2	2
	3	3	3	3	3
	4		4	4	4
	5		5	5	5
	6		6	6	6
	7		7	7	7
	8		8	8	8
	9		9	9	9

12. Expected Date of Completion

DATE					
MO.		DAY		YR.	
0	0	0	0	0	0
1	1	1	1	1	1
	2	2	2	2	2
	3	3	3	3	3
	4		4	4	4
	5		5	5	5
	6		6	6	6
	7		7	7	7
	8		8	8	8
	9		9	9	9

13. Program Information:

Name of Program: _____

Program Director: _____

Phone Number: _____ / _____ / _____
Area Code

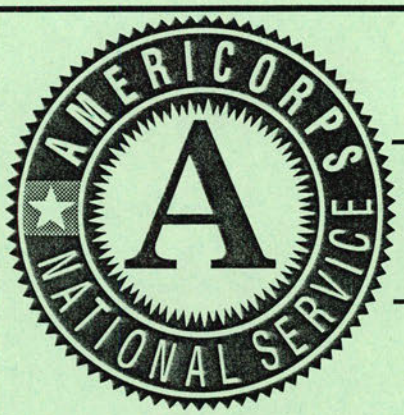
Address of Program: _____
Street City State Zip Code

Program I.D. Number: _____

Signature of Approving Official: _____ Date: _____

PRIVACY ACT NOTICE

The collection of this information is authorized by the provisions of the National and Community Service Act, as amended by the National and Community Service Trust Act of 1993. Information will be used to enroll persons in the National Service Trust. The information will not be disclosed outside the government without written permission.



UNITED STATES DEPARTMENT OF AGRICULTURE

AmeriCorps Program
Agreement of Participation

Rural and Professional Development Corps

Full-Time Member

"Getting Things Done"

RURAL AND PROFESSIONAL DEVELOPMENT CORPS

FULL-TIME MEMBER

AGREEMENT OF PARTICIPATION IN

USDA's AMERICORPS PROGRAM

Whereas, the Corporation for National and Community Service (CNCS) and the United States Department of Agriculture (USDA) have jointly entered into this agreement to promote national and community service among the citizens of the United States to help meet human, educational, environmental, and public safety needs, particularly those related to poverty.

Whereas, the mission of the USDA AmeriCorps Program is to engage a diverse group of Americans in working partnerships with communities to provide real and measurable service to meet environmental and human needs, while earning education benefits and building an ethic of service, responsibility, and citizenship.

Whereas, USDA actively supports the development of the nation's youth through programs such as AmeriCorps.

Therefore, the USDA will operate its AmeriCorps Program to further objectives of mutual civic obligation.

AUTHORITY: This agreement is entered into pursuant to the authority of the National and Community Service Act of 1990 as amended (42 U.S.C. 12501 et. Seq.), Public Law 103-82.

I. Purpose

It is the purpose of this agreement to delineate the terms, conditions, and rules of membership regarding the participation in the USDA AmeriCorps Program. This agreement is hereby entered into on this _____ day of _____, 1995, between the United States Department of Agriculture (hereinafter referred to as the "Program") and _____ (hereinafter referred to as the "Member").

II. Minimum Qualification

The member certifies that he/she is a United States citizen, a national or a legal permanent resident and at least 17 years of age (or 16 in the case of a Youth Corps member), and has not been previously terminated for cause from another AmeriCorps Program.

The member has a college degree or equivalent work experience.

III. Term of Service

(a) The Member's term of service begins on _____ and ends on _____. The end date cannot be less than nine months and not more then twelve months from the start date.

(b) The member must complete 1700 hours of direct community service in order to be eligible for the education award. In addition to the 1700 hours of direct community service, the USDA term of service includes 40 hours of personal leave and 72 hours for Federal holidays. This makes the USDA Term of Service 1812 hours. If a member does not use all of the personal leave and the holiday hours, s/he will receive a payment for the unused hours.

(c) The member understands that in order to be eligible for serving a second term of service, s/he must receive satisfactory performance reviews for any previous term of service. The member's eligibility for a second term of service will be based on at least a mid-term and end of term evaluation of his/her performance focusing on factors such as:

(1) completed the required number of hours;

(2) satisfactorily completed assignments, tasks, or projects; and

(3) met any other criteria that were clearly communicated both orally and in writing at the beginning of the term of service.

(d) The member understands, however, that mere eligibility for an additional term of service does not guarantee selection or placement. The member will have to apply and be considered with any other applicants applying for positions.

IV. Benefits

(a) The member will receive from the Program the following benefits --

(1) a living allowance of $12,000. The allowance will be distributed over the term of service on a biweekly basis (less tax withholdings).

(2) health care insurance, if member is eligible for coverage.

(3) a child care allowance to be provided directly to the provider, if the member qualifies for the allowance.

(b) Upon successful completion of the member's term of service, the member will receive an education award of a value of $4,725.

The member understands that his/her failure to disclose to the Program any history of having been released for cause from another AmeriCorps Program will render the member ineligible to receive the education award.

(c) If the member has received forbearance on a qualified student loan during the term of service, and the member has successfully completed the term of service, the National Service Trust will repay any interest that accrued on the loan during the term of service.

V. Rules of Conduct

The member agrees to act in conformance with, and abide by, all current and future rules and procedures established by USDA. The AmeriCorps Program member further agrees to act in conformance with and abide by, the provisions of 7CFR Part 735. Members must not misuse government property and must conform to the specific limitations of use of such property and must conform to the specific limitations of use of such property while on official Federal government business.

(a) the member is expected to, at all times while acting in an official capacity as a USDA AmeriCorps member:

(1) demonstrate mutual respect toward others;

(2) follow directions;

(3) direct concerns, problems, and suggestions to the appropriate Program official, and

(4) not engage in any activity involving proselytizing or assisting religious organizations, attempting to influence legislation or an election or aid a partisan political organization, helping or hindering union activity, or aiding a business organized for profit.

(b) At no time may the member:

(1) engage in personal use of government vehicles, property, tools, equipment, or telephones;

(2) possess or use any and all forms of addictive or hallucinatory drugs, including, but not limited to amphetamines, barbiturates, cocaine, marijuana, etc.;

(3) consume or be under the influence of intoxicating beverages on or in government-owned or leased property/vehicles; or transportation of such beverages in government vehicles;

(4) use abusive, vulgar, or discriminatory language, including verbal/sexual harassment toward fellow members, staff, supervisors, or other official contacts;

(5) destroy government or personal property of others;

(6) fail to comply with a supervisor's instructions, unless these instructions are clearly illegal or unsafe;

(7) transport family members, pets, or any unauthorized personnel in government vehicles;

(8) engage in any activity that is illegal under local, State, or Federal law;

(9) engage in activities that pose a significant safety risk to others.

(c) the member understands that following acts will also constitute a violation of the Program's rules of conduct:

(1) unauthorized tardiness;

(2) unauthorized absences;

(3) repeated use of inappropriate language (i.e. profanity) at job site;

(4) failure to wear appropriate clothing to service assignments;

(5) stealing or lying;

(6) engaging in activity that may physically or emotionally damage other members of the program or members of the community; or

(7) failure to notify the Program of any criminal arrest or conviction that occurs during the term of service.

(d) For violating the above stated rules, the program will do the following (except in cases where during the term of service the member has been charged with or convicted of a violent felony, possession, sale, or distribution of a controlled substance) --

(1) for the member's first offense, an appropriate Program official will issue a verbal warning to the member;

(2) for the member's second offense, an appropriate Program official will issue a written warning and reprimand to the member;

(3) for the member's third offense, the member may be suspended for one or more days without compensation;

(4) for the fourth offense, the Program may release the member for cause.

(e) The program reserves the right to impose any one of the above sanctions regardless of the number of the offense (first, second, or third) if the Program determines that the violation is serious enough to warrant a more severe sanction than that listed above for the number of offense committed

(f) The member understands that s/he will be either suspended or released for cause in accordance with paragraphs (b), (d), and (e) of section VI of this agreement for committing certain acts during the term of service such as being convicted or charged with a violent felony, possession, sale, or distribution of a controlled substance.

VI. Release from Term of Service

(a) The member understands that s/he may be released for the following two reasons:

(1) for cause, as explained in paragraph (b) of this section; or

(2) compelling personal circumstances as defined in paragraph (c) of this section.

(b) The Program will release the member for cause for the following reasons:

(1) the member has dropped out of the Program without obtaining a release for compelling personal circumstances from the USDA AmeriCorps Taskforce in Washington, D.C.;

(2) during the term of service the member has been charged with a violent felony or the sale or distribution of a controlled substance;

(3) the member has committed a fourth offense in accordance with paragraph (d) of section V of this agreement; or

(4) any other serious breach that in the judgment of the Director of the Program would undermine the effectiveness of the Program.

(c) The Program may release the member from the term of service, due to compelling personal circumstances if--

(1) the member has a serious injury or illness that makes completing the term of service impossible;

(2) there is a serious injury, illness or death of an immediate family member and the member is needed to care for that family member or take over the duties of the family member;

(3) the member is drafted by the Armed Services of the United States; or

(4) some other circumstance occurs that makes it impossible or very difficult for the member to complete the term of service and the USDA Director of National Service deems that circumstance to be compelling.

(d) the program will suspend the member's term of service for the following reasons:

(1) during the term of service, the member has been charged with a violent felony or the sale or distribution of a controlled substance. (If the member is found not guilty or the charge is dismissed, the member may resume his/her term of service. The member, however, will not receive back living allowances or credit for any service hours missed.)

(2) during the term of service, the member has been convicted of a first offense of possession of a controlled substance. (If the member, however, demonstrates that s/he has enrolled in an approved drug rehabilitation program, the member may resume his/her term of service. The member will not receive back living allowance or credit for any service hours missed.)

(e) The Program may suspend the member's term of service for violating the rule of conduct provision in accordance with the rules set forth in paragraph (c) in section V of this agreement.

(f) If the member discontinues his/her term of service for any reason other than a release for compelling personal circumstances as described in paragraph (b), (d), and (e), the member will cease to receive the benefits described in paragraph (a) of section IV and will receive no portion of the education award or interest payments.

(g) If the member discontinues his/her term of service due to compelling personal circumstances as described in paragraph (b) of section V of this agreement, the member will cease to receive benefits described in Section IV. If, however, the member has completed at least 15% of the required service hours (135 service hours) the member will receive a pro-rated portion of the education award or interest payments described in paragraphs (b) and (c) of section IV.

VII. Grievance Procedure

(a) The member understands that the Program has a "grievance procedure" (outlined in the Operations Manual) to resolve disputes concerning the member's suspension, dismissal, service evaluation or proposed service assignment;

(b) The member understands that, as a participant of the Program s/he may file a grievance in accordance with the Program's grievance procedure.

VIII. USDA Responsibilities to Members

(a) Select all AmeriCorps Members in an impartial and non-discriminatory manner that bolsters AmeriCorps' vision of diversity;

(b) provide AmeriCorps members with approved handbooks, documents, and forms needed to follow the provisions of AmeriCorps and the National and Community Service Trust Act of 1993;

(c) provide AmeriCorps members with the orientation, training, technical assistance, and supervision necessary to complete their service activities;

(d) provide all AmeriCorps members with ongoing education and instruction needed not only to perform their specific service projects, but to grow and develop as citizens, community problem-solvers, and developing professionals;

(e) design and coordinate service projects for AmeriCorps members so that the members will continuously have productive and useful service projects in environmental or human needs;

(f) structure work schedules to ensure that AmeriCorps members will be reasonably able to perform 1,700 hours of service within twelve months;

(g) treat all AmeriCorps members with respect and provide them with the guidance, support, discipline, and counseling they reasonably require to perform AmeriCorps service;

(h) work with AmeriCorps members to develop mechanisms through which the AmeriCorps members can have significant input and impact upon service assignments, rules of conduct, and all other aspects of the AmeriCorps Program; and

(i) provide other additional support and services to ensure the success of all programs.

IX. Amendments to This Agreement

This agreement may be changed or revised by written consent by both parties.

X. Certification

By signing this agreement the member certifies that:

1. If s/he has served in a previous AmeriCorps program, that fact has been revealed to the project director/manager, and if s/he was released for cause from the previous AmeriCorps program, that fact has also been disclosed.

2. S/he understands that the law places restrictions on the purposes for which the education award can be used and that generally its redemption is limited to qualified loans (those covered by Title IV of the Education Act of 1965) and cannot be transferred to another person or used to pay off general loans even if those loans were used to pay education expenses. S/he further understands that they cannot be given a cash payment in lieu of an education award administered by the National Service Trust.

3. S/he understands that by signing this agreement s/he is making a commitment to complete the full term of service and that receipt of the education award is contingent upon the successful completion of the full term of service. If s/he should choose to leave before the completion of the service, regardless of how many hours have been completed, s/he is NOT eligible for any part of the education award.

4. S/he understands that s/he is not covered by the Fair Labor Standards Act and is not eligible for overtime pay. For example, s/he is not eligible for overtime pay for time worked in excess of eight (8) hours in a day or forty (40) hours in a week although such times does count toward completing the required term of service.

5. S/he understands s/he is not a Federal employee and that the service hours do not count toward any Federal retirement program computations nor does s/he obtain any special status with respect to seeking a Federal job on the basis of having successfully completed a term of service.

6. S/he understands that this program is subject to the availability of government funds and that should those funds not become available, the program would be terminated. It is further understood that the program may be subject to a temporary shut-down in the event of a Government shut-down.

IX. Authorization

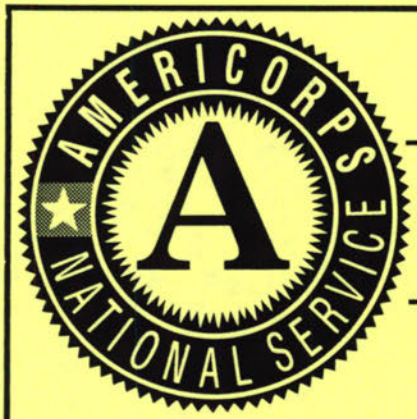
The member and Program hereby acknowledge by their signatures that they have read, understand, and agree to all terms and conditions of this agreement.

_____ _____

AmeriCorps Member Date

_____ _____

USDA Project Director Date



UNITED STATES DEPARTMENT OF AGRICULTURE

AmeriCorps Program
Agreement of Participation

Public Lands and Environment Corps

Full-Time Member

"Getting Things Done"

PUBLIC LANDS AND ENVIRONMENT CORPS

FULL-TIME MEMBER

AGREEMENT OF PARTICIPATION IN

USDA's AMERICORPS PROGRAM

Whereas, the Corporation for National and Community Service (CNCS) and the United States Department of Agriculture (USDA) have jointly entered into this agreement to promote national and community service among the citizens of the United States to help meet human, educational, environmental, and public safety needs, particularly those related to poverty.

Whereas, the mission of the USDA AmeriCorps Program is to engage a diverse group of Americans in working partnerships with communities to provide real and measurable service to meet environmental and human needs, while earning education benefits and building an ethic of service, responsibility, and citizenship.

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AUTHORITY: This agreement is entered into pursuant to the authority of the National and Community Service Act of 1990 as amended (42 U.S.C. 12501 et. Seq.), Public Law 103-82.

(b) The member must complete 1700 hours of direct community service in order to be eligible for the education award. In addition to the 1700 hours of direct community service, the USDA term of service includes 40 hours of personal leave and 72 hours for Federal holidays. This makes the USDA Term of Service 1,812 hours. If a member does not use any of the personal leave and all of the holiday hours, s/he will receive a payment for the unused hours.

(c) The member understands that in order to be eligible for serving a second term of service, s/he must receive satisfactory performance reviews for any previous term of service. The member's eligibility for a second term of service will be based on at least a mid-term and end of term evaluation of his/her performance focusing on factors such as:

(1) completed the required number of hours;

(2) satisfactorily completed assignments, tasks, or projects; and

(3) met any other criteria that were clearly communicated both orally and in writing at the beginning of the term of service.

(d) The member understands, however, that mere eligibility for an additional term of service does not guarantee selection or placement. The member will have to apply and be considered with any other applicants applying for positions.

V. Rules of Conduct

The member agrees to act in conformance with, and abide by, all current and future rules and procedures established by USDA. The AmeriCorps Program member further agrees to act in conformance with and abide by, the provisions of 7CFR Part 735. Members must not misuse government property and must conform to the specific limitations of use of such property and must conform to the specific limitations of use of such property while on official Federal government business.

(a) the member is expected to, at all times while acting in an official capacity as a USDA AmeriCorps member:

(1) demonstrate mutual respect toward others;

(2) follow directions;

(3) direct concerns, problems, and suggestions to the appropriate Program official, and

(4) not engage in any activity involving proselytizing or assisting religious organizations, attempting to influence legislation or an election or aid a partisan political organization, helping or hindering union activity, or aiding a business organized for profit.

(b) At no time may the member:

(1) engage in personal use of government vehicles, property, tools, equipment, or telephones;

(2) possess or use any and all forms of addictive or hallucinatory drugs, including, but not limited to amphetamines, barbiturates, cocaine, marijuana, etc.;

(3) consume or be under the influence of intoxicating beverages on or in government-owned or leased property/vehicles; or transportation of such beverages in government vehicles;

(d) For violating the above stated rules, the program will do the following (except in cases where during the term of service the member has been charged with or convicted of a violent felony, possession, sale, or distribution of a controlled substance) --

(1) for the member's first offense, an appropriate Program official will issue a verbal warning to the member;

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(4) for the fourth offense, the Program may release the member for cause.

(e) The program reserves the right to impose any one of the above sanctions regardless of the number of the offense (first, second, or third) if the Program determines that the violation is serious enough to warrant a more severe sanction than that listed above for the number of offense committed

(f) The member understands that s/he will be either suspended or released for cause in accordance with paragraphs (b), (d), and (e) of section VI of this agreement for committing certain acts during the term of service such as being convicted or charged with a violent felony, possession, sale, or distribution of a controlled substance.

(4) some other circumstance occurs that makes it impossible or very difficult for the member to complete the term of service and the USDA Director of National Service deems that circumstance to be compelling.

(d) the program will suspend the member's term of service for the following reasons:

(1) during the term of service, the member has been charged with a violent felony or the sale or distribution of a controlled substance. (If the member is found not guilty or the charge is dismissed, the member may resume his/her term of service. The member, however, will not receive back living allowances or credit for any service hours missed.)

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(e) The Program may suspend the member's term of service for violating the rule of conduct provision in accordance with the rules set forth in paragraph (c) in section V of this agreement.

(f) If the member discontinues his/her term of service for any reason other than a release for compelling personal circumstances as described in paragraph (b), (d), and (e), the member will cease to receive the benefits described in paragraph (a) of section IV and will receive no portion of the education award or interest payments.

(g) If the member discontinues his/her term of service due to compelling personal circumstances as described in paragraph (b) of section V of this agreement, the member will cease to receive benefits described in Section IV. If, however, the member has completed at least 15% of the required service hours (135 service hours) the member will receive a pro-rated portion of the education award or interest payments described in paragraphs (b) and (c) of section IV.

(f) structure work schedules to ensure that AmeriCorps members will be reasonably able to perform 1,700 hours of service within twelve months;

(g) treat all AmeriCorps members with respect and provide them with the guidance, support, discipline, and counseling they reasonably require to perform AmeriCorps service;

(h) work with AmeriCorps members to develop mechanisms through which the AmeriCorps members can have significant input and impact upon service assignments, rules of conduct, and all other aspects of the AmeriCorps Program; and

(i) provide other additional support and services to ensure the success of all programs.

IX. Amendments to This Agreement

This agreement may be changed or revised by written consent by both parties.

XI. Authorization

The member and Program hereby acknowledge by their signatures that they have read, understand, and agree to all terms and conditions of this agreement.

_____ _____

AmeriCorps Member Date

_____ _____

USDA Project Director Date