

Dane County Department of Human Services Division of Prevention & Early Intervention



Partners for After School Success (PASS) A Community-Based AmeriCorps Program

PASS AmeriCorps Application Summer Service

PERSONAL INFORMATION

HOW DID YOU HEAR ABOUT PASS?

Name:					
Address:	City:	State:	Zip code	:	
Home phone:		Cell phone:			
Email address:					
What is the best way to	contact you?				
Are you a U.S. Citizen o	r Permanent Resident?			☐ Yes	☐ No
I'm able to serve 300 ho	ours between June 9 and	d August 23, 2025 ((30+ hours/week)		☐ No
Have you successfully o When:	completed an AmeriCorp What p	, , ,	•	Yes	☐ No
Have you exited an Ame	eriCorps program <u>witho</u>	o <u>ut</u> receiving an edu	ıcation award?	☐ Yes	☐ No
Are you 18 years of age (Applicants under 18 red		o apply)		Yes	☐ No
Will you have a high sch	nool diploma or equivale	ency by June 9, 202	5?	Yes	☐ No

EDUCATION INFORMATION

You may attach a résumé in lieu of completing the next three sections.	Respond to questions not addressed in your
résumé.	

Name & Location of High School or GED program				Did you graduate? Year diploma was granted		ed		
Training Beyon	nd Hig	h School						
Name & Location of		Dates Attended Credits			Marian Field O Domonko	Degrees	٦ -	
Institution From		То	Earned		Major Field & Remarks	Month & Year Receiv	/ea	
			ı					
			ı					
					<u>'</u>			
Other	academ	ic honors, tra	ining or achi	evements	s that will	be helpful in evaluating yo	ur qualifications.	
PAID OR VOLU	NTEE	R WORK	HISTOR'	<u>Y</u>				
Dates of Employment Month/Year	Na	Name & Contact Information of Employer		,	Job Title and Duties	Reason for Leaving		
							I	
May we obtain referer If no, name and expla	nces fror iin excep	n your curren otions.	t or previous	s employe	ers?	☐ Yes ☐ No		
If you were ever discharged for cause from employment, state the details.								
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REFERENCES

Please list at least 3 work references familiar with your job qualifications (no relatives or personal friends)

Name	Email Address & Phone Number	Relationship to A	Applicant		
AVAILABILITY					
Members serving a 300 hour summer term must be available 30+ hours a week serving during the day, $M - F$, per site need.					
Are you available to serve the	required hours needed to deliver PASS AmeriCo	rps activities?	☐ Yes	☐ No	
ADDITIONAL SKILLS					
Do you speak a second langu If yes, which language(s)	age?		☐ Yes	□No	

Please list any other unique skills you have that would add to your qualifications.

MOTIVATIONAL STATEMENT Please describe your motivation for serving as an AmeriCorps member with PASS. (Limit 500 words)

BACKGROUND CHECK AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

PASS/Dane County conducts background checks on applicants who make it to the final stages of the hiring process. Background checks require full name, date of birth, driver's license number, and current and previous addresses. This information is used for background check purposes only.

Full Name (in	nclude middle name):		
Any Addition	al Names Used (maiden, nickn	ames, etc.):	
Date of Birth	:		
	Current Residences street addresses, cities, states, and z	ip codes where you have reside	d in the PAST FIVE years.
Have you ever	aw Enforcement History been convicted of any violations of C n will only be used if relevant to the p		
Date	Municipal/County/State	Law Violated	Disposition: Bail, Forfeited, Fined, etc.
this Departmen state criminal re the Dane Coun offered a position secure location	for a position with PASS AmeriCorps to run a complete and thorough criregistry checks. I also authorize individity Department of Human Services. I son, parent consent and instructions wand kept confidential. Sign electronal must sign (real signature) to apparent consent and signature)	ninal background check on me indual police and/or sheriff's depar authorize sharing these results will be provided to complete the fi ically if 18 years old and subn	ncluding an FBI fingerprint and tments to release my records to vithin the program. If under 18 and ngerprint. All results are kept in
Signature:		Da	ate:
Parent signa	ture if under 18 years of age: _		Date:

Understanding & Authorization (Please Read Carefully Before Signing)

I CERTIFY THAT ALL ANSWERS ON THIS APPLICATION AND ANY ATTACHMENTS ARE TO THE BEST OF MY KNOWLEDGE TRUE AND THAT I HAVE NOT WITHHELD ANY PERTINENT INFORMATION.

I UNDERSTAND THAT ANY OMISSION, MISREPRESENTATION OR FALSE INFORMATION SUBMITTED IN CONNECTION WITH THIS APPLICATION MAY RESULT IN REFUSAL OF, OR DISMISSAL FROM THE PROGRAM.

I UNDERSTAND THAT IF ACCEPTED INTO THE PROGRAM THAT I WILL BE ENROLLED AS AN AMERICORPS MEMBER. ALL AMERICORPS MEMBERS MUST BE U.S. CITIZENS OR PERMANENT RESIDENT ALIENS, 17 YEARS OF AGE OR OLDER, AND ARE REQUIRED TO MAKE A 300 HOURS COMMITMENT TO THE PROGRAM. FOR MORE INFORMATION ABOUT AMERICORPS GO TO: www.nationalservice.gov/programs/americorps.

I AUTHORIZE THE COUNTY TO INVESTIGATE MY RESPONSES ON THIS APPLICATION AND CONTACT ANY OR ALL OF MY FORMER EMPLOYERS OR ANY INDIVIDUALS FAMILIAR WITH ME OR MY EMPLOYMENT BACKGROUND FOR THE PURPOSE OF OBTAINING ANY INFORMATION, WHETHER FAVORABLE OR UNFAVORABLE, ABOUT ME OR MY EMPLOYMENT. I VOLUNTARILY AND KNOWINGLY FULLY RELEASE AND HOLD HARMLESS ANY PERSONS OR ORGANIZATION THAT PROVIDES INFORMATION PERTAINING TO MY EMPLOYMENT OR ME.

IN COMPLIANCE WITH STATE AND FEDERAL LAWS, DANE COUNTY DEPARTMENT OF HUMAN SERVICES AND PASS PARTNER AGENCIES DO NOT UNLAWFULLY DISCRIMINATE AGAINST ANY INDIVIDUAL ON THE BASIS OF AGE, RACE, CREED, COLOR, HANDICAP, MARITAL STATUS, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, OR ANCESTRY.

Sign electronically if 18 years old and submitting by e-mail. If under 18, you and your parent must sign (real signature) to apply.

Signature:	Date:
Parent signature if under 18 years old	Date:

Please return your application and a résumé electronically to:

Bonnie Erickson

PASS AmeriCorps Coordinator

Erickson.bonnie@countyofdane.com