



# SUPERIOR AMERICORPS

BHK Child Development Board — Administrative Agency

700 Park Avenue, Houghton, Michigan 49931

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<b>Phone</b> 482-3663 844.BHK.INFO (844.245.4636)	<b>Email</b> <a href="mailto:americorps@bhkfirst.org">americorps@bhkfirst.org</a>	<b>Fax</b> 906-482-7329	<b>Web</b> <a href="http://www.superioramericorps.org">www.superioramericorps.org</a>
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Jamie McCrum, *Program Director*

Cheryl Mills, *BHK Executive Director*

Dear Applicant:

AmeriCorps is an opportunity to make a difference not only in your life, but also the lives of young children in our community. Superior AmeriCorps (SAC) is a commitment that will challenge you, as well as give you an opportunity to learn valuable work skills. Our focus is on strengthening our community through education, specifically, Literacy and School Readiness in Pre-k through 3<sup>rd</sup> grade. Are you ready to get things done? Apply today!

Enclosed in this Application Packet please find:

- Service Descriptions 2017-2018
- School Site Preference Form (1 page)
- Application Form (6 pages)

The Service Description information will give you an idea about the different service options available to you. After reviewing the service descriptions please complete the one-page Site Preference Form and the six-page Application Form and mail these forms to:

Superior AmeriCorps  
700 Park Ave.  
Houghton, MI 49931

What do members receive? In return for a year of service (12 month agreement) members earn:

- ✓ \$12,500 living allowance
- ✓ \$5,730 educational award (upon successful completion of service)
- ✓ Member healthcare benefits
- ✓ Educational loan forbearance
- ✓ Professional training
- ✓ Childcare benefits (if income eligible)

For more information about our program, please visit [www.superioramericorps.org](http://www.superioramericorps.org). If you have any questions, please call me at 906.482.3663 or 844.245.4636

Sincerely,

Jamie McCrum  
Program Director

*Superior AmeriCorps is funded by the Corporation for National and Community Service through the Michigan Community Service Commission and the generous support of its local partners. BHK Child Development Board is the administrative agency for Superior AmeriCorps. BHK is an equal opportunity employer/service agency. Superior AmeriCorps is firmly committed to providing access, equal opportunity, and reasonable accommodation in its program, activities, and materials. Please call (906) 482-3663 to request accommodations or to obtain materials in an alternate format.*

## **AmeriCorps Service Descriptions 2017-2018**

Superior AmeriCorps has service sites in three Upper Peninsula Counties: Baraga, Houghton, & Keweenaw. All members' on-site service is focused on childhood education. All AmeriCorps members must participate in mandatory trainings, volunteer recruitment, and mandatory service projects. While the on-site service schedules are usually fixed, some evening and weekend service is required, particularly for the planning and execution of service projects. Members are required to serve 1,700 hours in a 12 month agreement.

### **Elementary School ( K-3<sup>rd</sup> grade)**

Members based in elementary schools serve under the supervision of a lead teacher, principal or superintendent. Elementary school-based members will address the need for evidenced based and informed education services for educationally at risk rural students in K- 3rd grade with a **FOCUS** on early childhood literacy and reading in local schools. At the end of the 2017-2018 program year, the AmeriCorps members will be responsible for having assisted 75% of participating elementary school children with improved academic performance in literacy. Elementary school members may also spend time working with children with diverse disabilities; enhancing classroom education. In addition, each AmeriCorps member will recruit additional volunteers that will be engaged in the delivery of the evidence based program *Superior STAR, (Start the Adventure of Reading)*, supporting reading related school activities, classroom projects, and service projects. Members will also assist the public schools with parent involvement efforts. This effort will help with the organization and execution of parent-child interaction activities, parent meetings, and/or parent education opportunities as well as the recruitment and recognition of parent volunteers

### **Early Education (Preschool)**

Members serving in early education settings will help in preschool classrooms by working directly with children and enhancing the quality of care by increasing the adult-to-child ratio, daily routine, and quality of the learning environment. At the end of the 2017-2018 program year, the AmeriCorps members will be responsible for having assisted 75% of participating preschool children with improved school readiness skills. Preschool based members may also spend time working with children with diverse disabilities; enhancing classroom education. In addition, each AmeriCorps member will recruit additional volunteers that will be engaged in the delivery of the evidence based program *Start The Adventure of Reading (STAR)* and supporting reading related school activities, classroom projects, and service projects. Members will also assist BHK Child Development with parent involvement efforts. This effort will help with the organization and execution of parent-child interaction activities, parent meetings, and/or parent education opportunities as well as the recruitment and recognition of parent volunteers.

**SUPERIOR AMERICORPS**  
**Site Preference Sheet**  
**2017-2018**

**Applicant Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State ZIP

**E-mail:** \_\_\_\_\_

**Although we cannot guarantee a particular position or location, we would like to honor your preferences as much as possible. Please indicate your preferred choice for the specific county you wish to serve:**

- \_\_\_\_\_ **Baraga County**
- \_\_\_\_\_ **Houghton County**
- \_\_\_\_\_ **Keweenaw County**

**Based on the attached descriptions please indicate your preferred position:**

\_\_\_\_\_ **Elementary School- K-3<sup>rd</sup> grade services**

\_\_\_\_\_ **Early Childhood Education—Preschool services**

Please return this form and the five-page application form to:

**Superior AmeriCorps**  
**700 Park Avenue**  
**Houghton, MI 49931**



Application for:  
Superior AmeriCorps  
700 Park Avenue  
Houghton, MI 49931

PLEASE FILL OUT ALL FOUR PAGES COMPLETELY.  
THANK YOU FOR YOUR INTEREST IN SUPERIOR AMERICORPS.

HOW DID YOU HEAR ABOUT AMERICORPS? \_\_\_\_\_

**I. APPLICANT INFORMATION:**

NAME: \_\_\_\_\_  
Last First Middle

\_\_\_\_\_ GENDER: \_\_\_ Male \_\_\_ Female  
Previous name / aliases / maiden name / etc.

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH (City, State, Country): \_\_\_\_\_

**ARE YOU A UNITED STATES CITIZEN, NATIONAL, OR LAWFUL PERMANENT RESIDENT ALIEN?**     YES     NO

If you received your lawful permanent resident alien card after January 1987, please indicate the registration number and the card's expiration date: \_\_\_\_\_

DO YOU HAVE A VALID DRIVER'S LICENSE? If yes, License #: \_\_\_\_\_

DO YOU HAVE YOUR OWN MEANS OF TRANSPORTATION?     YES     NO

CURRENT ADDRESS: *(All information will be sent to this address)* How Long at Current Address: \_\_\_\_\_

\_\_\_\_\_  
Number and Street City State Zip Code

\_\_\_\_\_  
Home Phone Cell Phone Work Phone

CURRENT EMAIL ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS (If different):

\_\_\_\_\_  
Number and Street City State Zip Code

\_\_\_\_\_  
Home Phone Cell Phone Work Phone

**II. SERVICE INVOLVEMENT:** AmeriCorps is a national community service program. Please list and describe any community service that you have performed whether paid or volunteer. Include neighborhood, school, youth, religious, social, professional, and volunteer groups, community service projects, and other relevant activities. Think in broad terms. Explain why you decided to serve or get involved.

Have you previously served in AmeriCorps (\*NCCC, \*VISTA, \*State and National)?  YES  NO

If yes, please complete the following:

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Program Name

Location

Did you successfully complete your term of service?  YES  NO

If no, please explain:

**III. MOTIVATIONAL STATEMENT:**

We would like to understand more about you and your reasons for applying to AmeriCorps. Share the experience(s) that have made you the person you are today and how it sparked your interest in community service. If you need additional space, attach a separate piece of paper and limit your total response to 500 words.

**IV. SKILLS:** Describe other experiences or skills that qualify you for service with Superior AmeriCorps such as playing a musical instrument, WSI, art, coaching, certifications, etc.

**V. EDUCATION & TRAINING:**

**High School:** \_\_\_\_\_  
Name & Location                      Dates attended (from...to...)                      Degree or Certificate?

**College:** \_\_\_\_\_  
Name & Location                      Dates attended (from...to...)                      Degree or Certificate?

**College:** \_\_\_\_\_  
Name & Location                      Dates attended (from...to...)                      Degree or Certificate?

**Other: trade or technical school, military, etc.** \_\_\_\_\_

**List any special certifications and date(s) received:** \_\_\_\_\_  
\_\_\_\_\_

**VI. EMPLOYMENT HISTORY:** List the last three positions held, beginning with your current or most recent job. Please complete this section even if you include a resume.

**A. EMPLOYER:** \_\_\_\_\_ YOUR TITLE: \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
CITY                      STATE                      ZIP CODE                      PHONE NUMBER

NAME OF SUPERVISOR: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**MAY WE CONTACT:**  YES     NO

**B. EMPLOYER:** \_\_\_\_\_ YOUR TITLE: \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
CITY                      STATE                      ZIP CODE                      PHONE NUMBER

NAME OF SUPERVISOR: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**MAY WE CONTACT:**  YES     NO

**C. EMPLOYER:** \_\_\_\_\_ YOUR TITLE: \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
CITY                      STATE                      ZIP CODE                      PHONE NUMBER

NAME OF SUPERVISOR: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**MAY WE CONTACT:**  YES     NO

**VII. REFERENCES:** (List 3 professional references which we may contact)

Name	Address	Occupation	Email address OR Phone Number
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**If you think any additional information would be helpful in considering your application, please enclose a resume or written statement.**

**VIII. LEGAL:**

The AmeriCorps application process requires a criminal history check to ensure community members with whom we work are protected, particularly children, individuals with disabilities, and individuals over 60 years old. We are investigating for past sexual offenses and violent crimes, or crime that would have a direct bearing on your service. This background check will entail our search of the National Sex Offenders Registry, Internet Criminal History Access Tool and an FBI criminal history check, which will require being fingerprinted. You will not be permitted to serve with children, individuals with disabilities, or individuals over 60 years of age without supervision until the program's background checks are complete and you are cleared. The review process is not lengthy, and normally is completed within weeks. Existence of a criminal conviction or juvenile adjudication may or may not, depending on the circumstances, disqualify you from consideration. However, misrepresentation or omission **will** disqualify you. Do not include minor traffic violations. Answer the following questions fully.

**Authorization For Release Of Information**

To Whom It May Concern:

I have been asked to supply information to assess my background and qualifications. To facilitate this process, I hereby authorize the investigation of my past and present work, education, military service, character, and police records to determine any and all information pertinent to my qualifications for service with Superior AmeriCorps.

I hereby authorize you to provide any and all information, of record or not, and release you and all persons, agencies, companies and firms from any damages that may result from providing such information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Authorization To Release Criminal History Information

Superior AmeriCorps requires that all **prospective members** sign a declaration prior to placement in service which lists:

- All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;
- Conviction related to other forms of child abuse and/or neglect; and
- All convictions of violent felonies.

Please provide your initials on the appropriate category below:

\_\_\_\_\_ I **have not been** arrested, charged, and/or convicted on any offenses listed above.

\_\_\_\_\_ I **have been** arrested, charged, and/or convicted on one or more of the offenses listed above.

If so, please attach information listing the offense(s), the date(s) of the arrest, charge and/or conviction, and other relevant information.

Note that individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed **are not** automatically disqualified from being awarded a position. Superior AmeriCorps will review each case to assess the relevance of an arrest, charge, or conviction prior to a placement decision.

Have you been convicted of any felonies or misdemeanors?     Yes     No

If yes, explain: \_\_\_\_\_

Are any civil suits or judgments pending against you?     Yes     No

If yes:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

(Month/day/year)

Charge: \_\_\_\_\_ Action Taken: \_\_\_\_\_

Have you been involved in substantiated abuse or neglect of children or adults?     Yes     No

If yes, explain: \_\_\_\_\_

I, \_\_\_\_\_, **hereby authorize, to BHK Child Development Board, the Administrative Agency of Superior AmeriCorps, the release of all criminal history information that pertains to me, on file, at the Michigan State Police Internet Criminal History Access Tool [ICHAT] and the United States Department of Justice Dru Sjodin National Sex Offender Public Website. **Date of birth:** \_\_\_\_\_**

I acknowledge that consideration for service is contingent on the results of an FBI criminal history, reference and background check, possible skills or other tests, and if I am offered a position, that my position is conditional until the results of my post-offer physical are known. Should I be offered a position, I hereby consent to such post-offer physical, which may include a controlled substance test. I authorize the Agency to investigate the truthfulness of all statements made on this application or in connection with my post-offer physical, to contact former employers and other listed references or concerning this application, including any post-offer physical, and authorize release of information concerning any disciplinary action without any obligation to give me written notice of such disclosure I agree to execute any lawful releases, consents and waivers required by the Agency. I hereby release



the Agency and any other person from any liability whatsoever as a result of such inquires and disclosures.

The Administrative Agency is committed to the principals of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal opportunities. The Agency desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Agency will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified member unless undue hardship would result for the Agency.

I understand that, if I have a disability and need reasonable accommodation in any step of the hiring process to assist me in demonstrating my qualifications to perform the duties of the position for which I am applying; I should inform the Director. Under Michigan law, disabled employees and applicants may request an accommodation of their disability by notifying the Agency, in writing, of the need for accommodation within 182 days of the date the disabled individual knows, or should know, that an accommodation is needed. Failure to notify the Agency may preclude any claim that Superior AmeriCorps failed to accommodate the disabled individual.

I agree that any action of suit against the Agency, arising out of my service or termination of service, including but not limited to claims arising under state or federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any action or suit arising out of my employment, in which the Agency prevails, I will pay the Agency all costs incurred in defense of such claims, including but not limited to, attorney fees.

**Any failure by me to fill out proper forms, or provide notification of any member benefits which results in loss of benefits, shall not be retroactively** paid for and/or covered. Also, my failure to properly notify the Agency of changes in my family status, or other pertinent information, which results in unwarranted costs to the Agency shall be my responsibility.

**Any misrepresentation by myself in this application, any refusal by myself to sign lawfully required releases, consents or waivers, or any failure by myself to properly complete any lawfully required forms (I-9, W-4, etc.) may result in cancellation of this application and/or separation from the Agency's service if I have been awarded a position.**

In consideration of any position, I agree to conform to the rules and regulations of the Agency, Superior AmeriCorps, and state and national AmeriCorps programs. At the option of either the Agency or myself, my service and compensation can be terminated, with or without cause, and with or without notice, at any time. I understand that no representative of the Agency, except the Director, has any authority to enter into any agreement of any specified time or to make any agreement contrary to the foregoing.

I certify that I have read this application in its entirety, and that the information I have provided above is true and correct.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Incomplete applications will not be considered.  
This application is only considered active for one program year.**

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