



Local LISC Office: \_\_\_\_\_

### LISC AmeriCorps New Member Enrollment Checklist

Placement Site			
Site Supervisor Name:		Email:	
Member Name:		Email:	
Member Term of Service (# hrs.):			
Service Dates:		Start:	End:

**Enrollment Documents**

Document Name	1,700	900	450	300
Service Description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORI Part I: Sex Offender Check – free at <a href="http://www.nsoopr.gov">www.nsoopr.gov</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORI Part II: State Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORI Part III: FBI Check – if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment Letter to Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LISC AmeriCorps Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CNCS Enrollment Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-9 Form & Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> US Passport and/or Certificate of Naturalization				
<input type="checkbox"/> Birth Certificate & State Driver License				
<input type="checkbox"/> Birth Certificate & State Non-Driver License				
<input type="checkbox"/> Resident Alien card with Work Authorization				
<input type="checkbox"/> Foreign VISA with a valid form I-94 & Form I-551				
Request for Employee (RFE)	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a
W-4	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a
Direct Deposit (optional)	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a
Photo Release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Free Workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care and Childcare Enrollment/ Waiver	<input type="checkbox"/>	n/a	n/a	n/a
Member Agreement (signed and dated prior to member's start date)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental Consent (if member is under 17 at the start of service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Required Documents**

Document Name	1,700	900	450	300
Member Performance Measurement Worksheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Six Month Appraisal (required for members serving 12 month periods)	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a
Final Performance Appraisal (required for all members)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grant Agreement (generated in Grants Department via PA System)	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a
Placement Site Agreement (generated in NY in AmeriCorps department)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Exit Documents**

Document Name	1,700	900	450	300
CNCS Member Exit Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member Exit Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# LISC AmeriCorps Application

## I. PARTICIPANT PROFILE

1. Name: Last \_\_\_\_\_ First \_\_\_\_\_ Mi \_\_\_\_\_
2. Date of Birth (Month/Day/Year) \_\_\_\_\_
3. Current Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Permanent Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
5. Telephone Number: Daytime (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_
6. Are you a U.S Citizen Yes No or Permanent Resident Alien? Yes No
7. Date of Availability: Month \_\_\_\_\_ Year \_\_\_\_\_
8. Geographic Preference: Eastern USA Midwest USA West Pacific/Northwest
9. What High School did you graduate from (Name/City/State)? \_\_\_\_\_

10. Have you served previously with AmeriCorps or any other National Service program, i.e., Public Allies, NCCC, Learn & Serve, etc? If yes, please provide the following information:

Name of Program	Location	From	To

## II. EMPLOYMENT HISTORY

Please include any self-employment, home management, military service, full or part-time, salaried employment. Start with your current or most recent experience. Photocopy this page if additional sheets are necessary. You may include a resume in place of completing this section.

<b>A. Employer</b>	Title	Phone
Address		
Name of Supervisor	Hours per week	From To
Responsibilities	Reason for leaving:	
<b>B. Employer</b>	Title	Phone
Address		
Name of Supervisor	Hours per week	From To
Responsibilities	Reason for leaving:	
<b>B. Employer</b>	Title	Phone
Address		
Name of Supervisor	Hours per week	From To
Responsibilities	Reason for leaving:	

### **III. PERSONAL STATEMENT**

Please answer the following questions on an attached sheet. Each response should not exceed 500 words.

- Please describe why you are interested in AmeriCorps and what you hope to contribute to the program and the community you will be serving. You may address specific skills you have and practical experiences you have had that can be applied to your service and how they relate to the specific area(s) of interest you would like taken into consideration during your placement (i.e. youth, education, community beautification, or housing).

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### **VI. COMMUNITY ACTIVITIES & SKILLS**

- Please describe any service work you have performed in your community, the challenges, if any, that you experienced, and how you address such challenges. Describe the types of service and the dates of involvement. Include social, school, professional, and neighborhood projects and programs. If you have not undertaken any service work, please describe a situation where you demonstrated commitment to collaborate with others to achieve a common goal.

## VII. REFERENCES

Please list three individuals whom we may contact as references. We encourage you to list people who know you well, such as employers, teachers, representatives of volunteer organizations, or community members. Do not include the name of a relative.

<b>1.Name</b>
Address
City, State, Zip
Telephone Number ( )
Relationship
<b>2.Name</b>
Address
City, State, Zip
Telephone Number ( )
Relationship
<b>3.Name</b>
Address
City, State, Zip
Telephone Number ( )
Relationship

## VIII. EDUCATIONAL BACKGROUND

- |                                    |                                    |
|------------------------------------|------------------------------------|
| 1. Graduate/Professional degree    | 6. Associate degree                |
| 2. Graduate/Professional study     | 7. High school graduate            |
| 3. College graduate                | 8. GED                             |
| 4. Some college                    | 9. Less than high school completed |
| 5. Technical school/Apprenticeship | 10. Other, specify _____           |

## IX. OPTIONAL INFORMATION

Providing the information in this section is optional and will not affect your selection.

1. Describe your ethnic background:

American Indian or Alaska Native  
Native Hawaiian or Other Pacific Islander  
Black or African American  
White non-Hispanic  
Hispanic/Latino  
Asian

\_\_\_\_\_

2. Do you have any special needs that require accommodations:    Yes    No

If yes, please specify \_\_\_\_\_

**X. LEGAL**

Existence of a criminal conviction/adjudication may or may not, depending on the circumstances, disqualify you from consideration. However, misrepresentation of that record – lying or not telling the whole truth – will disqualify you. Answer the following questions fully. We reserve the right to run background/security checks as needed.

- 1. Have you ever been convicted, or adjudicated as a juvenile offender, of any criminal offense by a civilian or military court? Do not include minor traffic violations (if no, skip to section X)

Yes (If you answered yes then complete Questions 2 through 4.)  
No

- 2. Are you now under charges for any offenses or are any civil suits or judgement pending against you? (Do not include charges for minor traffic offenses.)

Yes  
No (if you answered no, skip to Section X.)

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

- 3. ARE YOU NOW ON PROBATION OR PAROLE? Yes No

- 4. Provide the name, address and phone number of the court, probation officer, or parole officer who we can contact to verify the above information.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

It is the intention of the LISC AmeriCorps program to provide all individuals that apply for a LISC AmeriCorps position an equal opportunity to be selected for service. It is also important in the interest of fairness to all applicants and potential applicants that providing such opportunities not create situations where a conflict of interest could arise. This policy is intended to minimize the potential for conflicts of interest in the application and selection process.

Please disclose if you can be considered an immediate relation to: (1) a current LISC employee; (2) an employee of this organization (placement site); (3) a member of the board of directors of this organization (placement site); (4) a LISC local advisory committee member; or (5) any person who has a consultant relationship with either LISC or the organization.

Yes, I am an immediate relation (indicate relationship) \_\_\_\_\_

No, I am not an immediate relation.

**XI. CONSENT FOR CRIMINAL BACKGROUND CHECK & CERTIFICATION**

To the extent permitted by state and local law in the jurisdiction where the Member is placed in service, the Member hereby agrees to allow LISC or the placement site conduct a criminal history record check on him/her. Applicants/Members have the right to be treated fairly and have their privacy respected. Applicants/Members will be given the opportunity to challenge the accuracy of information that LISC and/or the placement site receives.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_



# National Service Trust Enrollment Form

Corporation for  
**NATIONAL &  
COMMUNITY  
SERVICE**

Completion of this form is required to enroll a serving member in the National Service Trust, making the member eligible for an education award upon successful completion of his or her term of service. It also provides the Corporation for National and Community Service with basic demographic data.

## **PART 1** Member: Please Complete and Sign

1. Name \_\_\_\_\_  
Last First MI

2. Date of Birth \_\_\_\_\_ 3. Social Security Number \_\_\_\_\_  
Month Day Year

4. Citizenship Status  I am a U.S. Citizen or National \*  I am a Lawful Permanent Resident Alien of the United States \*\*

\*Citizens of the US include persons born in Puerto Rico, Guam, the US Virgin Islands, and the Northern Mariana Islands. Nationals of the US include persons born in America Samoa, including Swains Island.

\*\*Generally, you are a Lawful Permanent Resident Alien of the US if you are a US permanent resident with (i) a Permanent Resident Card, INS Form I-551; (ii) an Alien Registration Receipt Card, INS Form I-551, (iii) a passport indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence; or (iv) an I-94 indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence. NOTE: A student visa does not confer eligibility to enroll in an AmeriCorps program.

5. School Status  I have received a high school diploma or its equivalent  
 I agree to obtain a high school diploma or its equivalent before using my educational award, and I did not drop out of elementary school or secondary school to enroll in the program.

6. 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 \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Ext \_\_\_\_\_

7. Permanent Address (Name and address of person through whom you can always be reached once you leave the program.)

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Number and Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Ext \_\_\_\_\_

8. Have you previously enrolled in an AmeriCorps, Silver Scholar, or Serve America Fellow Program? No  Yes  How many times?

9. Have you ever been released 'for cause' by any AmeriCorps, Silver Scholar, or Serve America Fellow program? No  Yes .

10. Education Award Limitations. I understand that I may not receive more than the aggregate value of two full-time education awards and that upon successful completion of the term of service, I will receive only that portion of the education award for which I am eligible, which may be all or a part of an education award, or no education award, pursuant to 45 CFR § 2528.55

## **PART 2** Member Enrollment Certification

By signing this enrollment form I agree, if asked, to provide documentation to verify the accuracy of the information I have provided in this form. I understand that a knowing and willful false statement on this form can be punished by one or more of the following: a fine or imprisonment or both under Section 1001 of Title 18, U.S.C., exclusion from participation in federal programs, and forfeiture of benefits I may receive as a result of my enrollment or other actions authorized by the Civil Fraud Remedies Act, 31 USC 3801-3812.

Member's Signature \_\_\_\_\_

Date \_\_\_\_\_

**PART 3**

**Member: Please Answer the Following Questions**

1. What is your gender?  
 Female                       Male
2. Are you registered to vote?  
 Yes  
 No  
 Not sure  
 Not eligible  
 Prefer not to respond
3. Which of the following categories best describes your racial (mark one or more) or ethnic origins (mark one)  
A. Race  
 American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander  
 Black or African American  
 White  
 Asian  
 Other  
B. Ethnicity  
 Hispanic or Latina/o  
 Not Hispanic or Latina/o
4. What is the highest level of education you have completed?  
 Less than high school completed  
 GED  
 High school graduate  
 Technical school/apprenticeship/vocational  
 Some college  
 Associates degree (AA)  
 College graduate  
 Some graduate school  
 Graduate degree  
 Professional degree (medical, law)
5. Are you a veteran of the United States Armed Forces?  
 Yes                                       No
6. What are the two most important reasons why you decided to join this program?  
 To get an education award  
 To help other people/perform a community service  
 To be part of a national movement  
 To get a job/earn money  
 Friends have joined  
 To make friends  
 To learn about or work with different ethnic/cultural groups  
 Parents/teachers wanted me to join  
 To explore future job/education interests  
 To get involved in health issues  
 To get involved in education issues  
 To get involved in environment issues  
 To get involved in public safety issues  
 Other (Specify: \_\_\_\_\_)
7. How did you hear about this program? (Mark all that apply.)  
 Article  
 Advertisement in a newspaper/magazine  
 Guidance counselor/teacher  
 Parent/relative  
 Current or former AmeriCorps Member  
 Friend told me/friend applied  
 TV commercial  
 Radio commercial  
 The Internet  
 AmeriCorps recruiter/representative  
 Received information in the mail  
 AmeriCorps program poster  
 Other (Specify: \_\_\_\_\_)
8. Privacy Act Information Release  
 Yes, I give the Corporation for National and Community Service permission to release my name, address, email and telephone number to the AmeriCorps Alumni Association.

Public reporting burden – Estimated time to complete this form, including time for reviewing instructions and gathering and providing the information needed to complete the form, is 3 minutes for the Member section and 4 minutes for the Certifying Official section. Send comments regarding this burden or the content of this form to: Corporation for National and Community Service, National Service Trust, 1201 New York Avenue, NW, Washington, DC 20525. The Corporation informs the potential persons who are to respond to this collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number on this page of the form (see 5CFR 1320.5(b)(2)(1)).

Privacy Statement – In compliance with the Privacy Act of 1974, the following information is provided: The collection of this information is authorized by the provisions of the National and Community Service Act of 1990, by the National and Community Service Trust Act of 1993, and the Serve America Act of 2009. The primary purpose of the information is to obtain from AmeriCorps program representatives their data to successfully enroll a member in a term of service and the education award program. The evaluative information will help the Corporation improve its programming and services to members. Information may also be provided to federal, state, and local agencies for law enforcement purposes. Information will not otherwise be disclosed outside the Corporation without written permission. The Internal Revenue Service has determined that the education award is taxable in the year it is used. Your Social Security Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011© and 6109) for use as a taxpayer identification number. Failure to disclose the SSN or any other information may result in a denial of your receiving an education award or it may delay the processing of your education award. In furtherance of the Corporation's efforts to ensure that the programs are inclusive of persons with disabilities, your Social Security Number may be released to the Social Security Administration to measure aggregate statistical data on the number of AmeriCorps members receiving disability-based benefits. If you do not wish your personal information to be included in this research, mark "prefer not to respond" under question 6.

# Filling out I-9 Documentation

**FIRST:** Please fill out Section #1 of the I-9 form in its entirety. When filling out the requested information, please write in print. Make certain to check the correct box when attesting your U.S. citizenship classification. Lastly, sign and date the form.

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)**

Print Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Maiden Name \_\_\_\_\_

Address (Street Name and Number) \_\_\_\_\_ Apt. # \_\_\_\_\_ Date of Birth (month/day/year) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Social Security # \_\_\_\_\_

I am aware that Federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year) \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by someone other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.**

Preparer's/Translator's Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address (Street Name and Number, City, State, Zip Code) \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**SECOND:** Please provide the local LISC office administrator the following documentation as proof of citizenship:

- US Passport and/or Certificate of Naturalization.

If you **DO NOT** have either US Passport or Certificate of Naturalization please provide:

- your Birth Certificate AND State Drivers License;
- Birth Certificate & State Identification Card;
- Resident Alien card with Work Authorization; or
- Foreign VISA with a valid form I-94 & Form I-551

**Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)**

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)**

Print Name: Last		First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)	
City	State	Zip Code	Social Security #	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.**

Preparer's/Translator's Signature _____	Print Name _____
Address (Street Name and Number, City, State, Zip Code) _____	Date (month/day/year) _____

**Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)**

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____				

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative _____	Print Name _____	Title _____
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) _____		Date (month/day/year) _____

**Section 3. Updating and Reverification (To be completed and signed by employer.)**

A. New Name (if applicable) \_\_\_\_\_ B. Date of Rehire (month/day/year) (if applicable) \_\_\_\_\_

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative _____	Date (month/day/year) _____	



Name of City Where Member is Serving  
Mandatory for Michigan Programs

LOCAL INITIATIVES SUPPORT CORPORATION  
501 SEVENTH AVENUE, 7TH FLOOR  
NEW YORK, NY 10018

**REQUEST FOR EMPLOYEE**

Date:	Department: <b>AmeriCorps</b>	Job Title: <b>AmeriCorps Member</b>
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Annual Stipend: <b>\$9,000</b>	Hourly Salary: \$
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Effective Date: / /	Temporary: <input checked="" type="checkbox"/>	Part time: <input checked="" type="checkbox"/>	Full time: <input type="checkbox"/>
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Grade:	Exempt: <input type="checkbox"/>	Non-exempt: <input type="checkbox"/>
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Explanation: LISC AmeriCorps member placed at \_\_\_\_\_

Requested by (Local LISC Administrator Signature):

**PERSONAL DATA - To Be Completed by the AmeriCorps Member**

Name:	Social Security #: - -
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Address:

City:	State:	Zip:
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Date of Birth: / /	Age:	Sex:	Marital Status:
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Ethnicity:  White  Black  Hispanic  Asian/Pacific Islander  Native American

Number of Dependents: _____	Home phone: ( )	
Emergency contact:		
Relationship:	Home phone: ( )      Business phone: ( )	
CFO Budget Check	Human Resources Check	VP Approved Check

CENTER TO CHARGE	Account Code	Payroll	Health/ Wk Comp
CNCS	13-17-311378		
LISC	13-17-110000		
Site	13-17-113000		

# Form W-4 (2011)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, *How Do I Adjust My Tax Withholding*, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, *Estimated Tax for Individuals*. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, *Supplemental Form W-4 Instructions for Nonresident Aliens*, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	A	_____
B	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under <b>Head of household</b> above) . . . . .	E	_____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, <i>Child and Dependent Care Expenses</i> , for details.) . . . . .	F	_____
G	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, <i>Child Tax Credit</i> , for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$81,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$81,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children . . . . .</li> </ul>	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) <ul style="list-style-type: none"> <li>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	H	_____

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2011</div>
1 Type or print your first name and middle initial. <span style="float: right;">Last name</span>		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		6 \$
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here.		8
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
9 Employer's name and address (Employer: Complete lines 9 and 10 only if sending to the IRS.)		10 Office code (optional) <span style="margin-left: 20px;">Employer identification number (EIN)</span>

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

**Deductions and Adjustments Worksheet**

**Note.** Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.) . . . . .	5	\$ _____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest) . . . . .	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the <i>Personal Allowances Worksheet</i> , line H, page 1 . . . . .	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the <i>Two-Earners/Multiple Jobs Worksheet</i> , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 . . . . .	10	_____

**Two-Earners/Multiple Jobs Worksheet (See Two earners or multiple jobs on page 1.)**

**Note.** Use this worksheet only if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the <i>Deductions and Adjustments Worksheet</i> ) . . . . .	1	_____
2	Find the number in Table 1 below that applies to the <b>LOWEST</b> paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet . . . . .	3	_____

**Note.** If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet . . . . .	4	_____
5	Enter the number from line 1 of this worksheet . . . . .	5	_____
6	Subtract line 5 from line 4 . . . . .	6	_____
7	Find the amount in Table 2 below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 28 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	9	\$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are--	Enter on line 2 above	If wages from LOWEST paying job are--	Enter on line 2 above	If wages from HIGHEST paying job are--	Enter on line 7 above	If wages from HIGHEST paying job are--	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$36,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 85,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 - 120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 - 110,000 -	12						
110,001 - 120,000 -	13						
120,001 - 135,000 -	14						
135,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expense required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



# LISC

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build communities*

## REQUEST FOR DIRECT DEPOSIT OF LIVING STIPEND

This request will serve as authorization for LISC to directly deposit my living stipend check into the following account(s). I understand that the request takes a minimum of two pay periods to become final and that I will receive a regular stipend check until the process has been completed. **Attached is a voided blank check from my checking account and/or a letter from my from my financial institution that indicates their routing and transit number for automatic deposits.**

BANK NAME: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

ACCOUNT TYPE (PLEASE INDICATE)

CHECKING       SAVINGS       MONEY MARKET

ACCOUNT NUMBER: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

ATTACHMENT (PLEASE CHECK ONE)

- A VOIDED BLANK CHECK IS ATTACHED  
 A LETTER FROM MY FINANCIAL INSTITUTION IS ATTACHED

MEMBER SIGNATURE \_\_\_\_\_

MEMBER E-MAIL ADDRESS \_\_\_\_\_

**Please Note:**

- **Stipend payments are sent via regular US Mail to the address on the Request for Employee form**
- **Stipend payments are mailed on the actual pay date**
- **Your direct deposit will be in effect until 08/15/2012**



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## Income Verification Form Letter

LISC AmeriCorps is able to assist our full-time (1700 hr) and part-time (900 hr) members with supporting documentation for those that are receiving or applying for Public Assistance Benefits as it pertains to your living stipend.

Please provide the following information:

<b>Agency Name:</b>	
<b>Agency Contact Person/Case Worker:</b>	
<b>Your Case Number (if applicable):</b>	
<b>Agency Mailing Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip Code:</b>	
<b>Agency Fax Number:</b>	
<b>Purpose for Letter (ex: Food Stamps, Housing, etc)</b>	

Please email this completed form to Stacey Rapp ([srapp@lisc.org](mailto:srapp@lisc.org)), Sam Prater ([sprater@lisc.org](mailto:sprater@lisc.org)), or Robert Beach ([rbeach@lisc.org](mailto:rbeach@lisc.org)) and allow 5 business days for processing.

Our office address mailing address is:

LISC AmeriCorps  
501 7<sup>th</sup> Avenue  
7<sup>th</sup> Floor  
New York, NY  
10018

Fax number : 212-983-4718



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**Permission to Use Photographs and Video Images**

I do hereby grant to Local Initiatives Support Corporation and its affiliates and subsidiaries (collectively, "LISC"), its representatives and assigns, including any photographer, videographer, or other agent acting on behalf of LISC, the full right and permission to use, publish and produce photographic pictures, video, or other images of me or in which I may be included, in whole or in part, without restriction, in connection with publications or other printed matter, video, or slide presentations or in any other form or media, prepared by or for LISC for illustration, public relations, or any other purpose that is connected to and furthers LISC's charitable mission.

I also release and discharge LISC, its representatives and assigns, including any photographer, videographer, or agent acting on behalf of LISC, from any claim by virtue of any lack of clarity or imperfection that may occur or be produced in the taking or use of the photographs, video, or other images, or in any subsequent processing thereof, as well as in any publication thereof.

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

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

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



*LISC has regulatory requirements under some of our government contracts. One of the requirements is that LISC establish a formal drug free workplace policy, noted below. In addition, we must document that every member is aware of the policy. Please read and acknowledge receipt of the policy by signing and returning for inclusion in your personnel file.*

### **LISC AMERICORPS MEMBER DRUG FREE WORKPLACE POLICY**

It is the policy of LISC AmeriCorps to maintain a workplace that is free from the effects of drug and alcohol abuse. All members are prohibited from the use, sale, dispensing, distribution, possession or manufacture of controlled substances, and abusing alcohol. Drug use and alcohol abuse, in the workplace reduces effective job performance, increases absenteeism and endangers safety.

Any member who violates this policy will be subject to disciplinary action, which may include suspension, dismissal or other appropriate personnel action, and may also be required to participate satisfactorily in an approved drug abuse assistance or rehabilitation program.

Members will be assisted in seeking treatment. Members who seek referrals to local rehabilitation and counseling programs should contact the LISC AmeriCorps Director at 212-455-9800.

As a condition of service, and continued service, all members must abide by this Drug-Free Workplace Policy, and must notify LISC AmeriCorps® of any criminal drug statute charge, arrest or conviction for a violation occurring in the workplace no later than five days after such charge, arrest or conviction. Notices should be sent to: Program Director, LISC AmeriCorps Program, 501 7<sup>th</sup> Avenue, 7<sup>th</sup> Floor, New York, 10018.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## AmeriCorps Parental Consent Form

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### FOR PARENT OF GUARDIAN OF MEMBERS UNDER 18 YEARS OF AGE:

I, the undersigned parent/guardian of \_\_\_\_\_ understand the responsibilities and benefits associated with AmeriCorps. I authorize my son/daughter/legal ward to participate in AmeriCorps including educational, training and service related activities provided by the AmeriCorps program.

I authorize the exchange of information between the AmeriCorps sponsor, the LISC AmeriCorps Program, and the Corporation for National and Community Service which is relevant to successful participation in the AmeriCorps program.

I grant permission for the AmeriCorps sponsor to provide or arrange the necessary medical assistance for my son/daughter/legal ward if I cannot be immediately reached in the event of an accident or illness. I have listed any illnesses, allergies, medical conditions or disabilities that might affect participation in the AmeriCorps program or require medical attention.

---

Signature of Parent or Guardian      Date

Please Print:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

Daytime Telephone Number: \_\_\_\_\_

Evening Telephone Number: \_\_\_\_\_



# LISC

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## Member Request

### Income Verification/ Public Assistance Benefits Determination

Stipend payments to participants in AmeriCorps programs are not considered income for the purposes of determining eligibility for many public assistance programs. As a LISC AmeriCorps member you may request a letter be sent directly to an agency/ organization regarding how your living stipend is determined and explaining your relationship to LISC and placement partner is as a participant. AmeriCorps members should apply for the benefit ***PRIOR TO*** requesting a supporting letter. Please note that all requests are processed by the national office and not the local office. If an AmeriCorps member requests this information from his/ her local contact, the local administrator will forward this form to the national office.

- All requests must be in writing using this form and from the AmeriCorps member.
- The letter generated by national is sent directly to the agency and a pdf copy is sent to the member's attention via e-mail.
- National will not send a "blank letter;" it must be addressed to an agency or organization.
- Letters are provided by the national LISC staff and take five (5) business days to process. While every attempt will be made to process them sooner, members should plan on this timeframe. Same day/ next day requests are not possible.
- A member can provide the information at the time of enrolling in the program or at any time by e-mailing this form to Stacey Rapp ([srapp@lisc.org](mailto:srapp@lisc.org)) or Robert Beach ([rbeach@lisc.org](mailto:rbeach@lisc.org))

**Member Name:**

**Purpose for Letter**

*(ex: Food Stamps, Housing, etc)*

**Agency Name:**

**Agency Contact/Case Worker:**

**Case Number (if applicable):**

**Agency Mailing Address:**

**City, State Zip:**

**Agency Fax Number:**