



Name \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Best time to call \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of HS Graduation or GED \_\_\_\_\_

*As a requirement for acceptance into the program, all applicants will be required to undergo a criminal background check and a national sex offender check. A criminal history does not automatically exclude you from participation in the program. However, a sex offense conviction is exclusionary.*

Do you agree to undergo both these history checks?     Yes     No

**Essay Questions**

*Complete the following questions within no more than 2-3 additional pages.*

- Please describe your interest in serving people who are living with HIV, HCV, and/or other related health conditions.
- What are your greatest hopes and fears about an End to the HIV epidemic?
- Please describe your experience, education, and/or interest in addressing health disparities.
- Describe any related volunteer or paid work you have engaged in.
- Describe a time you attempted to respond or witnessed someone impacting stigma.
- Please briefly describe the most ideal service role you can imagine.

**Other Questions**

To assist us in considering a service placement for you, please describe your familiarity and comfort levels with the following groups of people with whom you might work as an AmeriCorps Member (1=lowest, 5=highest).

	<b>Familiarity</b>	<b>Comfort Level</b>	<b>Comments</b>
Adolescents:			
Children:			
Elderly:			
People of a different sexual orientation:			
People who are dying:			
People living in poverty:			
People of a different ethnicity or race:			
People who use drugs:			
People who are gender nonconforming:			
People with mental illness:			



*Please rank possible settings you would like to serve as an AmeriCorps Member in order of interest.*

- |  |  |
|--|--|
| <input type="checkbox"/> Clinical Setting – Community Based                    | <input type="checkbox"/> Community Based Organization/Harm Reduction Program |
| <input type="checkbox"/> Clinical Setting – Hospital Based                     |  |
| <input type="checkbox"/> Community Engagement/Outreach                         | <input type="checkbox"/> Community Based Organization/Faith-Based Program    |
| <input type="checkbox"/> Educational Environment                               | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Community Based Organization/HIV Service Organization | _____  |

Are you available August 1, 2020 to begin the registration process?

- Yes
- No      Please explain: \_\_\_\_\_

Are you available September 1, 2020 to begin serving as a full-time placed AmeriCorps member?

- Yes
- No      Please explain: \_\_\_\_\_

How did you hear about the program?

\_\_\_\_\_

Email supplemental application along with resume to Ebony Barney at [ebarney@thfgi.org](mailto:ebarney@thfgi.org).

Applicants will be required to submit an application on [www.AmeriCorps.org](http://www.AmeriCorps.org), complete references, and supporting documentation at a later date, following direction from The Health Foundation of Greater Indianapolis, Inc. For questions, contact Ebony Barney at [ebarney@thfgi.org](mailto:ebarney@thfgi.org) or 317-630-1805. For more information about The Health Foundation of Greater Indianapolis, Inc. visit [thfgi.org](http://thfgi.org).

**Application Signature/Waiver**

By inserting my electronic signature below and transmitting this form via an electronic agent I affirm that all of the enclosed information is true to the best of my knowledge. I hereby understand that The Health Foundation of Greater Indianapolis, Inc. (THFGI) and its funders are not to be held responsible for damages or injuries to me and/or theft of my property while participating in any THFGI AmeriCorps activity. With my electronic signature below, I agree to a background check and indemnify and hold harmless the sponsoring organizations of any event held in THFGI AmeriCorps Program.

\_\_\_\_\_ Applicant’s Signature (Electronic) \_\_\_\_\_ Date

Those eligible to participate in The Health Foundation of Greater Indianapolis, Inc. AmeriCorps Program will meet the following criteria: they must be at least 17 years of age at the beginning of the program year; they must be a United States citizen or a permanent legal resident; they must have a high school diploma or GED; they must be available to begin service in mid-August 2020; and they must complete the requisite application materials as defined below. Please note that the selection committee for THFGI is committed to providing equal opportunity for all applicants, regardless of race, color, religion, sexual orientation, HIV status, nation origin, veteran status, disability, creed, age, gender identity or expression, or other protected by law. PLEASE NOTE: Service Positions are always contingent on AmeriCorps grant funding.