

Marshfield Clinic Health System AmeriCorps

2021-2022



Marshfield Clinic
Health System



AmeriCorps

This application is a paper version for Recovery Corps applicants only.

MAIL OR EMAIL COMPLETED APPLICATION TO:

The local organization you applied with

OR

Email to garcia.christina@marshfieldclinic.org

APPLICANT REQUIREMENTS:

1. Must be a U.S. citizen, U.S. national, or legal permanent resident alien of the U.S.
2. Must be at least 17 years old by September 13, 2021.
3. Must have a minimum of a High School diploma or GED/HSED.
4. Must be able to begin on September 13, 2021.
5. Must be able to attend all required trainings without conflict.
6. Must be willing to complete the full term of service.

An ideal candidate will have at least one year in recovery or lived experience

QUESTIONS:

Contact Christina Garcia at 715-221-8413

garcia.christina@marshfieldclinic.org

*All positions are pending federal funding.

Expectations for Service in MCHS AmeriCorps

Thank you for applying to Marshfield Clinic Health System (MCHS) AmeriCorps. We look forward to receiving your application.

Before mailing this application, please read the notes below. It is our hope to provide you with very clear expectations and benefits of becoming a member of one of the finest AmeriCorps teams in Wisconsin.

- Must be U.S. citizen, U.S. national, or legal permanent resident alien of the United States .
- Applicant must be at least 17 years of age by September 13, 2021.
- Members must commit to the full 1700 hours (full-time members) or 900 hours (half-time member) of service. Members usually serve for a period of up to 12 months, which is negotiated with you at the time of your application (between you and your host site). It is very important to the future of the program that no member leaves before they complete their term of service.
- Members will receive a living allowance while serving, which is paid every other week at a rate of approximately \$580 (full-time members) or \$290 (half-time members) gross. Actual check payments are based upon your tax status.
- Full-time members are eligible to receive a basic health, dental and vision insurance plan (premium paid by Marshfield Clinic Health System), which covers only the member; it is not available to other family members.

- Full-time members may receive subsidized childcare (*household income must qualify*). In most cases, this payment is 80 - 100% of care costs.
- Members will receive an education award in the amount of \$6,345.00 (full-time members) or \$3,172.50 (half-time members) upon successful completion of their term of service.
- Member living allowances, educational awards (when used) and forbearance interest payments are taxable.
- Members will be expected to serve a minimum of (full-time members) 35-40 hours or 15-20 hours (half-time members) per week on average. The schedule is negotiated with your Host Site Supervisor and is flexible.
- Members must be available to attend the entire member orientation September 13 -17, 2021 in person and midterm training in person January 12-14, 2022. Recovery Corps members only must attend CCAR Training September 27 – October 1, 2021. All trainings planned in person unless Covid-19 requires otherwise.
- Members will receive service gear provided by the program.
- Members will gain valuable skills and leadership training, along with building future references and qualifications.
- Members will be provided with training and teambuilding opportunities several times throughout the year.

Additional requirements for Recovery members:

Coach applicant will have approximately 12 months in recovery and demonstrated living wellness as evidenced by:

1. No new legal charges during that 12-month period as confirmed by background check, which Marshfield Clinic Health System will conduct.
2. A consistent, specific, and recurring schedule of self-care routines

Must be willing to take a drug test.

Applicant must provide two letters of recommendation prior to the interview.

1. Letters should be authored by a recent probation agent, employer, clergy member, sponsor, fitness coach, teacher, therapist, or other with approval
2. Letters should address the person's reliability, ability to work independently and be self-directed, ability to role model living wellness, ability to support others during their recovery while maintaining healthy boundaries
3. Letters should include the author's contact information for authentication. We recommend you connect with each author.

If a member has another job or is enrolled in school, they will need to look carefully at the time commitment this program will require and ensure they can complete the service requirements. If you are attending school concurrent with service you may strongly want to consider half-time or be absolutely certain you can meet the service time expectations.

Program: MCHS AmeriCorps Community Corps or MCHS AmeriCorps Recovery Corps

Please print or type information clearly.

COMMUNITY SERVICE

In the spaces below, describe how you have reached out to help others and/or how you have been involved in your own community. Elaborate on why you decided to help out or get involved, and what you received in return-that is, what you learned or how it made you feel. Think in broad terms. Your involvement could include serving in neighborhood, school, youth, religious, social, professional, or volunteer groups; helping out with community service projects; or participating in less formal activities such as assisting an elderly neighbor.

How have you been involved in your community? If you served in an organization, include the organization name, location, dates, and phone number. List most recent activity first.

Dates of Involvement: From _____ To _____ Hours per Month _____
month/year month/year

Organization Name: _____ Location: _____ Phone: () _____

Description of Involvement: _____

Dates of Involvement: From _____ To _____ Hours per Month _____
month/year month/year

Organization Name: _____ Location: _____ Phone: () _____

Description of Involvement: _____

Have you previously served in AmeriCorps? Yes No

If so - Program name (check all that apply):

AmeriCorps*VISTA AmeriCorps*NCCC AmeriCorps*State and National Program

Location: _____ From: _____ To: _____
city state month/year month/year

Did you complete your term of service? Yes No

If no, why not?

EMPLOYMENT

List and briefly describe the last three positions you have held. Begin with the current or most recent and go back ten years. Include self-employment, internships/fellowships, home management, and full or part-time paid or unpaid work experience. (You may attach a resume instead only if it addresses the information requested below.)

Name and Address of Employer	Dates	Job Title and Duties
Organization, city/state: Supervisor and Phone:	From: To: Hours/week:	Title: Duties: Reason for Leaving:
Organization, city/state: Supervisor and Phone:	From: To: Hours/week:	Title: Duties: Reason for Leaving:
Organization, city/state: Supervisor and Phone:	From: To: Hours/week:	Title: Duties: Reason for Leaving:

MOTIVATIONAL STATEMENT

Why do you want to join AmeriCorps? What could you contribute to AmeriCorps? What do you hope to gain from serving as an AmeriCorps member? If you need additional room, attach a separate piece of paper and limit your response to 500 words.

SKILLS AND EXPERIENCE

Listed below are skill areas that some programs find useful and may seek in applicants for AmeriCorps. Indicate the skill areas in which you have had training or experience, including volunteer or community service experience, and indicate how you gained those skills.

Example: * Counseling Dorm Advisor

Architecture Planning_____	Business_____
Computers_____	Communications_____
Counseling_____	Conflict Resolution_____
Education_____	First Aid_____
Fine Arts/Crafts_____	Fundraising_____
Law_____	Medicine_____
Public Health_____	Public Speaking_____
Recruitment/Outreach_____	Teaching/Tutoring_____
Trade Skills_____	Writing/Editing_____
Youth Development_____	Other (specify)_____

Do you know or have you studied any language other than English? Yes No

Language:_____ Number of Years Studied or Spoken:_____

Speaking Ability: Poor Fair Good Excellent

Writing Ability: Poor Fair Good Excellent

In the space below or on a separate sheet of paper, provide any additional experience that may be helpful in evaluating your application.

LEGAL

Answer the following questions fully. Existence of criminal conviction/adjudication may or may not, depending on the circumstances, be grounds for non-enrollment. However, any intentional misrepresentation or omission will disqualify you. Do not include minor traffic violations.

Have you **EVER** been:

- convicted of any criminal offense by a civilian court or military authorities? Yes No
- adjudicated or held responsible as a juvenile offender of any criminal offense by a civilian court or authorities? Yes No

Are you now:

- under charges for any offenses or are any civil suits or judgments pending against you? Yes No
- on probation or parole? Yes No

If no, skip to "Certification" below.

If you answered yes to any of the questions above, please provide the following information:

Date: _____ Place (city/state): _____

Charge: _____ Action Taken: _____

Court, Probation, or Parole Officer: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law. *You may attach any additional information or explanation on a separate sheet.*

Public Notice of Non-discrimination for participants in the Marshfield Clinic Health System AmeriCorps program:

In compliance with Corporation for National Service regulations and provisions, programs that receive federal funding, which includes Marshfield Clinic AmeriCorps, must notify service recipients, applicants, Program staff, and the public, including those with impaired vision or hearing, that it operates its program or its activity in accordance with requirements of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act.

All AmeriCorps programs prohibit any form of discrimination against persons with disabilities in recruitment, as well as in service. No qualified individual with a disability shall be denied the benefits of the program, be excluded from participation in services and activities or be subjected to discrimination by the program. No person shall be denied membership into AmeriCorps by reason of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation or age. Veterans are encouraged to apply. It is unlawful to retaliate against any person who, or organization that, files a complaint about such discrimination.

In addition to filing a complaint with local and state agencies that are responsible for resolving discrimination complaints, you may bring a complaint to the attention of the Corporation for National Service. If you believe that you or others have been discriminated against, or if you want more information, contact:

Office of Civil Rights and Inclusiveness, Corporation for National Service
1201 New York Avenue, NW
Washington, D.C. 20525
(202) 606-7503, (voice); (202) 606-3472 (TDD)
(202) 606-3465 (FAX); eo@cns.gov (e-mail)

CERTIFICATION

I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge, and are made in good faith. I understand that misinformation or omission of information could result in disqualification and/or termination as an AmeriCorps member. I also understand that my selection for participation in some AmeriCorps programs, including AmeriCorps*NCCC, will require a physical examination, including drug and alcohol testing. Background and security checks may also be conducted by some programs.

PRIVACY ACT NOTICE: The Privacy Act of 1974 (5 U.S.C 552a) requires that the following notice be provided to you: The authority for collecting information from you in this application is contained in 42 U.S.C 12592 and 126592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C 4953 of the Domestic Volunteer Service Act of 1973 as amended. You are advised that submission of the information is entirely voluntary, but the requested information is required in order for you to participate in AmeriCorps programs.

The principal purpose for requesting this personal information is to process your application for acceptance into an AmeriCorps program, and for other general routine purposes associated with your participation in an AmeriCorps program. These routine purposes may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorize requests, to present and former employers, references provided by you in your application, and educational institutions, for the purpose of verifying the information provided by you in your application. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information will not otherwise be disclosed to entities outside of AmeriCorps and the Corporation for National Service without your prior written permission.

Your application must be certified with your original signature.

Name_____

Signature_____

Date_____
