



101 Myrtle Street
Oakland, California 94607

Tel: 510 992 7800
Fax: 510 992 7950
www.cvcorps.org

Dear Applicant,

Before you will be considered for acceptance into CivCorps **you must provide the following documents with the application** and attend a multi-day orientation to complete the enrollment process.

REQUIRED DOCUMENTATION FOR CIVICORPS ACADEMY:

- Birth Certificate
- Immunization Record
- Transcript from last High School attended with CAHSEE results

REQUIRED DOCUMENTATION FOR CIVICORPS JOB TRAINING PROGRAM:

Applicants must be able to provide the documents for the Academy, in addition to proof that they are authorized to work in the United States.

- Birth Certificate
- Immunization Record
- Transcript from last High School attended with CAHSEE results

Examples of acceptable documentation for proof of authorized work are:

- U. S. Passport or U.S. Passport Card **Or** Driver's License or ID card **And** Social Security Card

A list of all acceptable documentation can be found on the next page.

WHERE YOU CAN OBTAIN REQUIRED DOCUMENTS:

Birth Certificate

Alameda County Clerk – Records Office – <http://www.acgov.org>
1106 Madison Street, Oakland, CA 94607 (888) 280-7708 M-F 9-4:30
(510) 272-6362

Requirements: Full Name, Birth Date, Birth Place, Mothers Maiden Name, Legal Photo ID, \$30.00 Fee

Social Security Card

Social Security Administration Offices – <http://www.socialsecurity.gov>
238 11th Street, Oakland, CA 94607 (800) 772-1213 M-F 9-4:30
2045 Allston Way, Berkeley, CA 94704 (800) 772-1213

Requirements: Original copies of Birth Certificate, Identification Card, Immigration Status (if applicable)

CA Identification Card:

Dept of Motor Vehicle (DMV) Offices – <http://www.dmv.ca.gov>
5300 Claremont Ave, Oakland, CA 94618 (800) 777-0133 MTTF 8-5, W 9-5
501 85th Ave, Oakland, CA 94621 (800) 777-0133

Requirements: Social Security Card, Birth Certificate, \$22 Fee

High School Diploma and/or Transcript

You will need to request this from the last high school that you attended.

Immunization Records

You will need to request this from your parents, physician, or previous school attended.

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
	AND	
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	6. U.S. Citizen ID Card (Form I-197)
	7. U.S. Coast Guard Merchant Mariner Card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	8. Native American tribal document	8. Employment authorization document issued by the Department of Homeland Security
	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Office use only:

- Transcript attached
- Immunization record attached
- Work Permit (if applicable)
- Entered into CMT _____
- Start Date _____

CIVICORPS CORPSMEMBER ACADEMY Application

101 Myrtle Street
Oakland, CA 94607
(510) 992-7800

Office use only routing:

- Start Date: _____
- Recruiter
 - Dean of Students
 - Corpsmember File

APPLICANT INFORMATION:

SS# _____

Applicant's Name _____
First

_____ Last

Address

_____ Street Address _____ Apt. #

_____ City _____ State _____ Zip Code

_____ Home Phone _____ Cell Phone _____ Date of Birth _____ Male / Female

_____ Marital Status (Single, Married, etc)

EMERGENCY CONTACT INFORMATION:

1 _____
Parent/Guardian #1 (and relationship—for example: mother, grandfather, etc.) _____ Home/Cell Phone _____ Work Phone _____

2 _____
Parent/Guardian #2 (and relationship—for example: father, foster parent, etc.) _____ Home/Cell Phone _____ Work Phone _____

3 _____
Family Doctor/Local Medical Center _____ Address _____ Phone _____

Is this applicant able to participate in all physical education activities? Yes _____ No _____ If no, explain: _____

Is this applicant on medication? Yes _____ No _____ If yes, please specify: _____

Does this applicant have any special health conditions (for example: asthma, seizures, hearing impaired, etc.)? Yes _____ No _____

If yes, please explain: _____

PREVIOUS SCHOOLING INFORMATION:

How many high school credits has this applicant completed? (If unknown, estimate) _____ Grade Level? _____

Has this applicant graduated from High School? _____ GED or Proficiency Exam? _____

Previous High School(s) Attended (most recent first):

1 _____
Name of High School _____ City _____ Last Date Attended _____

2 _____
Name of High School (if applicable or if previous school was adult school) _____ City _____ Last Date Attended _____

1. Has this applicant ever been in a Special Education Program? Yes _____ No _____
2. Was this applicant in a Special Education Program at the last school attended? Yes _____ No _____
3. Does this applicant have an active IEP (Individualized Education Plan)? Yes _____ No _____
4. Has this applicant passed any portion of the California High School Exit Exam (CAHSEE)? Yes _____ No _____
If Yes, Which part has been passed (you must provide documentation): _____

CIVICORPS CORPSMEMBER ACADEMY

STATE REQUIRED INFORMATION

101 Myrtle Street
Oakland, CA 94607
(510) 992-7800

DIRECTIONS:

The California Education Code requires each school to collect information about its students. Each school is required to submit this information to the State. The required information includes parent education, home language, race / ethnicity, and family income. Thank you for your help in filling out the following four surveys.

PARENT/GUARDIAN EDUCATION LEVEL (give the response that describes the **highest** education level of either parent):

- Not a high school graduate Some college Graduate school / post graduate training
- High school graduate College graduate Declined to state or unknown

HOME LANGUAGE SURVEY:

1. What language did this applicant learn when he/she first began to talk? _____
2. What language does this applicant most frequently use at home? _____
3. What language is most often spoken by the adults at home? _____
4. Is this student fluent in the English language (speaking, reading, and writing)? Yes___ No___ Not Sure_____
5. Has student ever taken the CA English Learner Development Test (CELDT)? Yes___ No___ Not Sure_____

RACE / ETHNICITY SURVEY

Check the group with which the student **most closely** identifies:

<input type="checkbox"/> American Indian or Alaskan Native		
<input type="checkbox"/> Asian/Asian American		
<input type="checkbox"/> Pacific Islander		
If Asian or Pacific Islander is marked, then check all that apply:		
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Guamanian
<input type="checkbox"/> Laotian	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Samoan	<input type="checkbox"/> Other Asian	
<input type="checkbox"/> Filipino/Filipino American		
<input type="checkbox"/> Hispanic/Latino		
<input type="checkbox"/> African/African American		
<input type="checkbox"/> White (not of Hispanic origin)		
<input type="checkbox"/> Other		

Check the group with which the student **also** identifies (if applicable):

<input type="checkbox"/> American Indian or Alaskan Native		
<input type="checkbox"/> Asian/Asian American		
<input type="checkbox"/> Pacific Islander		
If Asian or Pacific Islander is marked, then check all that apply:		
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Guamanian
<input type="checkbox"/> Laotian	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Samoan	<input type="checkbox"/> Other Asian	
<input type="checkbox"/> Filipino/Filipino American		
<input type="checkbox"/> Hispanic/Latino		
<input type="checkbox"/> African/African American		
<input type="checkbox"/> White (not of Hispanic origin)		
<input type="checkbox"/> Other		

FAMILY INCOME SURVEY:

1. How many people live in your household? _____ 1A. Does applicant have child? If so, how many? _____
2. Does anyone in your household receive food stamps or CalWorks or FDPIR, etc.? Yes___ No___
3. Approximate ANNUAL family income (please check one below):

<input type="checkbox"/> \$0 - \$10,830	<input type="checkbox"/> \$18,311 - \$22,050	<input type="checkbox"/> \$29,531 - \$33,270
<input type="checkbox"/> \$10,831 - \$14,570	<input type="checkbox"/> \$22,051 - \$25,790	<input type="checkbox"/> \$33,271 - \$37,010
<input type="checkbox"/> \$14,571 - \$18,310	<input type="checkbox"/> \$25,791 - \$29,530	<input type="checkbox"/> \$37,011 +

CIVICORPS CORPSMEMBER ACADEMY

Master Agreement Form

Civicorps Corpsmember Academy is a program of **CHOICE**. When you sign this agreement, you are agreeing that you choose this program over all others that you are entitled to attend or have your child attend.

Applicant's Name: _____

Effective Date: _____

Applicant's Signature

Date

Parent/Guardian's Signature (if Applicant is under 18)

Date

Interview / Photo Release Authorization

I give Civicorps the absolute right and permission to use and/or publish at any time my photographs, quotes and/or textual descriptions of me in its promotional materials and publicity efforts. I understand that the photographs, quotes or textual descriptions may be used in a publication, print ad, direct-mail, electronic media (e.g. video, CD-ROM, web page), or other form of promotion. I release Civicorps, the photographer, their offices, employees, and agents from liability for any violation of any personal or proprietary right I may have in connection with such use.

Signature

Date

Parent/Guardian's Signature (if Applicant is under 18)

Date

Probation / Court Involvement Information

Have you ever been convicted of any offense? Yes ___ No ___

Misdemeanor? _____ Felony? _____ Date(s): _____

Do you have any court dates pending? Yes ___ No ___ Date(s): _____

Are you currently on probation or parole? Yes ___ No ___ Until what date? _____

P.O.'s Name: _____ Phone _____

CIVICORPS CORPSMEMBER ACADEMY
FIELD TRIP PERMISSION / WAIVER FORM
(to be carried on trips by the school representative)

Civicorps includes regularly scheduled field trips to enhance the classroom learning and provide time for recreational activities. We encourage all applicants to participate. Without this form applicants will not be allowed to ride in Civicorps vehicles.

I hereby give my consent for myself (or daughter/son/ward) _____,
attending the Civicorps Corpsmember Academy to go with Civicorps staff on educational and
recreational outings.

In case of emergency please contact: _____

Phone # home _____ work _____

In case of injury, you are authorized to provide emergency medical treatment.

Restrictions / Allergies: _____

Critical Medical Info: _____

Birthdate: _____ Male / Female

1. Release (Injury to myself or child or to my personal property): That I release the Civicorps, its Board of Directors, Agents, Officials and Employees for an injury or death to myself, child or for property damage on behalf of myself or my heirs or successors in interest arising from my participation in the event or activity described above which is conducted by Civicorps or is a Civicorps sponsored event.
2. Hold Harmless (Injury to Others or Property): That I will indemnify and hold harmless Civicorps its Board of Directors, Agents, Officials and Employees from any loss or liability (bodily injuries or death, and/or damage to property, including the loss of use thereof) which results or is alleged to have resulted from my participation or my child's participation in the event or activity described above.
3. Assumption of risk: That I assume all risks involved in my or my child's participation in the event or activity described above and that I recognize that I am solely responsible for my decision to participate or let my child participate in the event or activity and that the above release stated in paragraph 1 includes but is not limited Civicorps or a sponsoring agency.

Signature of Parent/Caring Adult (if applicant is under age 18)

Signature of Applicant

Date

CIVICORPS CORPSMEMBER ACADEMY
Physical Limitations Questionnaire

Corpsmember work is physically demanding and generally involves landscaping, recycling, planting, clearing brush and/or fire hazards, building trails, restoring creeks, cleaning flood channels, and painting. Most of this work is done outside and in all kinds of weather.

Please indicate if you have difficulty performing the following types of tasks.

- Bending
- Pushing
- Pulling
- Walking
- Climbing
- Standing for long periods of time
- Squatting
- Lifting 50lbs or more
- Sitting for long periods of time

Please provide details about the difficulty you may have performing any of the tasks that you marked above:

Are there other physical tasks that are difficult for you to complete? Yes No

If "yes", please explain:

I understand that falsification of the above information is grounds for termination.

Name

Date

Signature



CIVICORPS CORPSMEMBER ACADEMY

ORIENTATION POLICY

- You are required to attend an orientation. 100% attendance is required or you may be dismissed from the program.
- You must receive permission from a teacher or other staff member to leave the training area at any time.
- No pagers or cell phones are allowed on during orientation or while working; you must turn your pager and/or cell phone off upon entering the building or beginning work.
- You may not use any portable music devices during orientation or while working.
- Smoking is not permitted anyplace on Civicorps property except in designated areas.
- You may not use foul or profane language at any time during training or while at work.
- You may never have visitors on Civicorps property or during the workday.
- You will be immediately dismissed from the Civicorps Corpsmember Academy if you are found to be involved in any gang-related or criminal activity at any time.
- You must wear appropriate attire at all times. Inappropriate dress includes, but is not limited to, sagging pants, tank tops, shorts, sandals, articles of clothing with printing related to drugs, weapons, foul or profane language, or nudity, and excessive jewelry, including grills.

I understand that by signing this agreement that I agree to the terms and conditions herein, and that by violating any of these terms and conditions, I will not be permitted to participate in Civicorps programs.

Print Name

Date

Signature