# Red Cloud Indian School

# Oyate Teca Waonspekiya AmeriCorps Program

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### AmeriCorps Member Application

## Thank you for your interest in applying for the Red Cloud Indian School AmeriCorps Program. The Program places individuals within the three schools of the Red Cloud Indian School system as teachers’ aides and support staff. All candidates must be willing to work with young people at least five days a week, and will be required to participate in the schools’ after school programs. Positions in the AmeriCorps program require strong commitment to regular attendance and teamwork with administrators, teachers, and students. In accordance with Red Cloud Indian School, Inc. policies and assurances to the Drug Free Workplace Act of 1988, I understand that any offer of employment is conditional upon my ability to perform essential duties of the position offered and the satisfactory results of a pre-employment drug test. I understand that either refusal to submit to the substance abuse screen or a positive drug test may result in revocation of a conditional offer of employment or termination of my employment, as applicable. **Consideration of this application will be contingent on clearance of a criminal history background check and a National Sex Offender Registry check, which you are authorizing by offering this application. *If a “disqualifying record” results from a criminal history background check, Red Cloud Indian School will notify applicants in writing and be afforded upto thirty (30) days to dispute or challenge the record as outlined in Red Cloud Indian School’s “Notice of Time Limitation for Corrections of Criminal History.”***

**Please fill out all sections of this application, and return along with a copy of your US Passport OR Birth Certificate.**

**Applications without these documents will not be considered**.

**Please Print or Type neatly – unreadable applications will not be considered.**

###### PERSONAL INFORMATION

#### Name Social Security Number

**Mailing Address**

**House/P.O. Box**

##### City State Zip Code

#### Home Phone Cell Phone

#### E-mail Address

#### Emergency Contact Contact’s Phone#

**EDUCATIONAL RECORD**

List the name and Location of school, years attended and graduation year. List most recent first.

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| --- | --- | --- | --- | --- |
|  | **School Name** | **Location** | **Years**  **Attended** | **Graduation**  **Year** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

**JOB PLACEMENT**

Place an “X” by each of the following for which you feel you are most qualified to work. Place an “!” by the areas where you are most interested in working

**\_\_\_ Kindergarten \_\_\_High School \_\_\_Reading**

**\_\_\_ Lower Elementary \_\_\_Mentoring \_\_\_Math**

**\_\_\_ Upper Elementary \_\_\_Coaching \_\_\_Science**

**\_\_\_ Middle School \_\_\_Library**

List your teaching experience(s) and experience(s) working with young people:

List activities & sports you would be willing to moderate/coach as part of the after-school program

My interest/skill areas involving Lakota Culture are:

\_\_\_ Lakota Dance \_\_\_Lakota Language \_\_\_Lakota Arts/Crafts

\_\_\_ Lakota Singing/Drumming \_\_\_Lakota History \_\_\_Lakota Handgames

###### INTERESTS

#### AmeriCorps members work in Red Cloud schools, and are often called on to help tutor children in reading and math. Please comment on your interests and abilities in these subject areas by answering the following questions.

In school my strongest interest was:

List five books you have read in the past year:

List magazines you read on a regular basis:

How many hours per week do you read, on average?

#### My skill level in Math is (circle one): Low Medium High

#### The last Math Class I completed in school was called:

My other interests are:

**INITIAL BACKGROUND CHECK – Criminal History Questionnaire**

#### 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 crimes that would have direct bearing on your service. This background check will entail a search of the National Sex Offenders Public Registry and may include a statewide criminal history repository check and/or a FBI criminal history check, which will require you to submit fingerprints.

You will not be permitted to serve or work with children, individuals with disabilities, or individuals over 60 years old, without supervision, until the history check is complete and you are cleared. The review process is not lengthy, and normally is completed within weeks.

Answer the following questions fully (including misdemeanors and any offense that led to pre-trial intervention and/or fines other than speeding or parking tickets). Existence of a criminal conviction or juvenile adjudication may or may not, depending on circumstances, disqualify you from consideration. However, any intentional misrepresentation or omission is grounds for disqualification.

#### Have you ever been convicted as an adult, or adjudicated as a juvenile offender, of at least one criminal offense by either a civilian of military court?

#### Yes No

**Are you currently facing charges for any offense, on probation or parole?**

Yes No

***If you answered yes to any of the questions above, please explain in the space below.EMPLOYMENT HISTORY***

List experience in chronological order starting with the most recent.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Job/Professional Experience #1** | | | | | | | | |
| Name of Employer *[Business Name]* | |  | | | | | | |
| Address of Employer *[Business Address]* | | | |  | | | | |
| Dates Employed *[Beginning & End Dates]* | | | |  | Position Title | |  | |
| Reason for Leaving | | |  | | | | | |
| Supervisor’s Name | | |  | | | | | |
| Supervisor’s Title |  | | | | | Phone Number | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Job/Professional Experience #2** | | | | | | | | |
| Name of Employer *[Business Name]* | |  | | | | | | |
| Address of Employer *[Business Address]* | | | |  | | | | |
| Dates Employed *[Beginning & End Dates]* | | | |  | Position Title | |  | |
| Reason for Leaving | | |  | | | | | |
| Supervisor’s Name | | |  | | | | | |
| Supervisor’s Title |  | | | | | Phone Number | |  |

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| **Job/Professional Experience #3** | | | | | | | | |
| Name of Employer *[Business Name]* | |  | | | | | | |
| Address of Employer *[Business Address]* | | | |  | | | | |
| Dates Employed *[Beginning & End Dates]* | | | |  | Position Title | |  | |
| Reason for Leaving | | |  | | | | | |
| Supervisor’s Name | | |  | | | | | |
| Supervisor’s Title |  | | | | | Phone Number | |  |

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| **Job/Professional Experience #4** | | | | | | | | |
| Name of Employer *[Business Name]* | |  | | | | | | |
| Address of Employer *[Business Address]* | | | |  | | | | |
| Dates Employed *[Beginning & End Dates]* | | | |  | Position Title | |  | |
| Reason for Leaving | | |  | | | | | |
| Supervisor’s Name | | |  | | | | | |
| Supervisor’s Title |  | | | | | Phone Number | |  |

**REFERENCES**

List the names of three people who will serve as references and can be contacted. Please use professional references when possible.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reference #1** | | | | | | | | | |
| Name  *[First & Last]* |  | | | | | | | | |
| Relationship to Reference  *[How does this person know you?]* | | | |  | | | How long have you known each other? | |  |
| Address  *[Reference’s Address]* | | |  | | | | | | |
| E-mail Address  *[Best e-mail to contact this person]* | | | | |  | | | | |
| Home/Cell Phone # | |  | | | | Work Phone # | |  | |

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| **Reference #2** | | | | | | | | | |
| Name  *[First & Last]* |  | | | | | | | | |
| Relationship to Reference  *[How does this person know you?]* | | | |  | | | How long have you known each other? | |  |
| Address  *[Reference’s Address]* | | |  | | | | | | |
| E-mail Address  *[Best e-mail to contact this person]* | | | | |  | | | | |
| Home/Cell Phone # | |  | | | | Work Phone # | |  | |

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| **Reference #3** | | | | | | | | | |
| Name  *[First & Last]* |  | | | | | | | | |
| Relationship to Reference  *[How does this person know you?]* | | | |  | | | How long have you known each other? | |  |
| Address  *[Reference’s Address]* | | |  | | | | | | |
| E-mail Address  *[Best e-mail to contact this person]* | | | | |  | | | | |
| Home/Cell Phone # | |  | | | | Work Phone # | |  | |

###### SHORT ANSWER QUESTIONS

#### What community service activities have you done in recent months/years?

What do you think is important about doing community service, especially working with young people?

What qualities do you have that make you a good candidate to work with the students of Red Cloud?

***If possible, it is highly recommended that you review the description of AmeriCorps programs at www.americorps.org before writing your essay or submitting this application.***

**ESSAY (Attach additional sheets if necessary.)**

Please write or type an essay including the following information:

* Description of yourself and your past experience.
* Why you want to become an AmeriCorps Member at Red Cloud Indian School?
* How you feel the AmeriCorps program and your experiences in it will help you with your future goals?

**Read Before Signing Below**

**Applications without requested documentation will not be considered. (See first page.)**

It is understood and agreed that the foregoing is true to the best of my knowledge, and that my falsification of this application will be grounds for elimination from further consideration or, if enrolled to serve by Red Cloud Indian School AmeriCorps Program, for dismissal. I authorize Red Cloud Indian School and Red Cloud Indian School AmeriCorps Program to solicit information regarding my character, general reputation, credit, previous employment, and similar background information, and to contact any and all references I have given on my application. I release all parties and persons connected with any such request for information from all claims, liabilities, and damages that may arise out of the furnishing of such information. If enrolled to serve, I release Red Cloud Indian School and Red Cloud Indian School AmeriCorps Program from any liability for future references it may provide regarding my work history.

*Americans with Disabilities Act*

Red Cloud Indian School, Inc., and Red Cloud Indian School AmeriCorps Program is committed to providing a work place free from discrimination based on disability. In accordance with the Americans with Disabilities Act and the Americans with Disabilities Amendments Act, it is the policy of Red Cloud Indian School and Red Cloud Indian School AmeriCorps Program not to discriminate against any qualified individuals (as defined by law) on the basis of disability.

It is the responsibility of the Member or Member Applicant to request an accommodation by submitting a “Request for Accommodation” for any physical or mental disability which substantially limits one or more major life activities of the Member or Member Applicant. In accordance with ADA and ADAAA, Red Cloud Indian School and Red Cloud Indian School AmeriCorps Program will take all such requests seriously. Red Cloud Indian School and Red Cloud Indian School AmeriCorps Program, under Federal guidelines and in consultation with the South Dakota Department of Labor, will promptly determine whether the Member or Member Applicant is a qualified individual with a disability, and whether a reasonable accommodation exists which would allow the Member or Member Applicant to perform the essential functions of the service position without imposing an undue hardship on Red Cloud Indian School, Inc., Red Cloud Indian School AmeriCorps Program, or other Employees or AmeriCorps Service Members.

**Sign here to indicate that all information given on this application is true to the best of your knowledge and that you have fully read, understood, and agree to all conditions stated in this application.**

**Applicant’s Printed Name**

**Applicant’s Signature**

**Date**