

LOUISIANA DELTA SERVICE CORPS, INC.



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Spring 2017

Dear Applicant,

Thank you for your interest in the Louisiana Delta Service Corps (LDSC) program. As you complete this application, you may be interested to learn more about the application process including the timeline, the matching process, and when you can expect to hear from us.

All applicants who are accepted into the LDSC program will serve as full-time AmeriCorps members for 11 months (September 1 – July 31) with a Partner Organization in New Orleans or Baton Rouge. These Partner Organizations are determined by late May every year. Starting June 1st, partner organizations and their position descriptions will be on our website (www.ladeltacorps.org). Please note that each year these positions and partners change. In the application and interview, you will be asked for which positions you would like to be considered, so do your research on both the position and on the organization.

Applications are due by June 30, 2017. Once you submit your application, you will receive a confirmation email that will include information about preliminary interviews with LDSC staff. Out-of-state applicants will schedule a remote interview throughout June and into July, and local applicants will attend an in-person interview in New Orleans or in Baton Rouge in early July. If selected to advance, your application will be sent to your top 3 organizations, and someone from the organization will reach out to you directly to schedule an interview. While LDSC will make strong recommendations, it is ultimately up to the partner organization and to the applicant to find that perfect, harmonious win-win match.

Partner Organizations are to complete the interview process and to choose their members by August 11th. All members will begin service on September 1, 2017. We will attend a three-day pre-service training from September 6-8. The training is mandatory.

We look forward to meeting you! Until then, visit our website to learn more about the corps member experience, and please reach out with any questions or concerns!

Best,

Maggie Conarro
Communications Director

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LOUISIANA DELTA SERVICE CORPS, INC.

PO Box 64799 | Baton Rouge, LA 70896 | 225.930.9949 (office)
www.ladeltacorps.org



Louisiana Delta Service Corps
An equal opportunity organization
www.ladeltacorps.org

2017-2018 MYAMERICORPS SUPPLEMENT

PLEASE NOTE: This application is only if you are submitting via MyAmeriCorps.

1. Are you a US citizen or Permanent Legal Resident? Yes No

2. Have you previously applied to AmeriCorps or LDSC? Yes No

If no, skip to question 5. If yes, give application date and name of corps:

3. Have you interviewed for an AmeriCorps or LDSC position? Yes No

4. Have you previously served in AmeriCorps or LDSC? Yes No

If yes, please give dates of service: Corps:

5. Do you plan to be a student during the 2017-18 academic year? (Students will be accepted on a case by case basis as members will be expected to serve full time, 40 hours per week and attend all team meetings, service projects, and retreats.) Yes No

6. LDSC members receive a modest living allowance of \$14,000 over 11 months. Would this allow you to meet your financial obligations? Yes No

7. The service term with LDSC is Sept 1-July 31. Can you commit to these 11 months? Yes No

8. Louisiana Delta Service Corps members must attend two, three-day overnight training sessions. Can you commit to this requirement? Yes No

9. Do you have a use for an education award (\$5,816) that can only be used by you? Yes No

10. Are you able to serve full time (40 hours/week)? Yes No

11. Do you have reliable transportation? Yes No

12. Will you agree to a criminal background check? Yes No

13. Are you seventeen years of age or older? Yes No

14. Do you have a high school diploma or GED? Yes No

LOCATION

Please list any Louisiana cities where you would like to serve, as well as any positions you are interested in applying for:

Select any preferred positions:

Volunteer Coordinator
Technology and Social Media Coordinator
Program Outreach and Community Awareness Coordinator
Program Development Coordinator

List interests and hobbies:

Select all preferred areas of service:

Fitness
Nutrition Outreach/Education
Mental Health and Substance Abuse Prevention
Homelessness
HIV/AIDS prevention
Environmental Protection
Legal Services

ADDITIONAL INFORMATION (optional)

These questions are optional to comply with federal civil rights laws. Your responses will remain confidential.

1. Gender: Female Male Non-binary/Third Gender Prefer to self-describe
2. Date of Birth (month-day-year):
3. Are you a U.S. citizen? Yes No

If no, Alien registration #: Visa type: Expiration date:

4. Categories that describe you:

White (ex: German, Irish, Polish, French, etc)
Hispanic, Latino, or Spanish origin (ex: Mexican or Mexican American, Puerto Rican, Colombian, etc)
Black or African American (ex: African Am., Jamaican, Haitian, Nigerian, etc)
Asian (ex: Chinese, Filipino, Asian Indian, Vietnamese, Korean etc)
American Indian or Alaska Native (ex: Navajo Nation, Blackfeet Tribe, Mayan, Aztec, etc)
Middle Eastern or North African (ex: Lebanese, Iranian, Egyptian, Syrian, Moroccan, Pakistani etc)
Native Hawaii or Other Pacific Islander (ex: Native Hawaiian, Samoan, Fijian, etc)
Some other race, ethnicity, or origin

This program requires different & varying types of physical activities which may include but not limited to: prolonged sitting, standing and walking; painting; bending and stooping; lifting and carrying. Do you have any health problems or disabilities that might require special accommodations to enable you to participate in our program? Yes No If yes, please explain :

MOTIVATIONAL STATEMENTS

In a separate document, please type responses to the following questions, and submit them with your application.

1. Why do you want to be a LDSC member?
2. We believe that we can learn from each other's experiences and beliefs. We expect to challenge each other and to be challenged. Tell us about a time when another person or group of people challenged your beliefs or ideals and how you handled it.
3. LDSC members earn a small living allowance, roughly equivalent to the local poverty level. How do you anticipate this will affect you during the course of the year?
4. Failure and contradictions are opportunities for learning and growth. Reflect on a professional challenge or failure. Describe how this challenge or failure helped you become aware of assumptions or ways of thinking that were not productive or beneficial, and what you learned.
5. LDSC involves corps members in the goal setting, planning and facilitation of their personal and professional development meetings. What is important about leadership development? How will you be a leader among your fellow Delta Corps members?
6. What are your long-term goals and what do you hope to gain through your experience with LDSC that will help you achieve them?
7. Reflect on a time you took action around a local, national, or global cause that you cared passionately about.
8. During your service term, you will work as a team with your coworkers, with your fellow corps members, and people living in your community. We work to help members understand and serve with guiding principles of open-mindedness, responsibility, and wholeheartedness. What might be challenging about working as part of a team with these principles in mind?
9. What does it mean to do good work?
10. If you complete your service satisfactorily, you will earn an award that can be used to further your education or to pay back student loans. How do you plan to use these funds? Please be specific.

Email this completed application and your answers to the above motivational statements to mconarro@ladeltacorps.org and submit the following documents by mail, email or fax 225.930.0645:

Completed reference forms
Signed application signature page
Copy of birth certificate
Copy of signed social security card
Copy of driver's license

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 may require drug 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 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.

By signing below, I give the Corps permission to conduct a record check. Completion of this application does not guarantee an interview or position with AmeriCorps/Louisiana Delta Service Corps.



SIGNATURE

DATE

Louisiana Delta Service Corps
National Service Criminal History Check Consent Form

I, _____ agree to undergo the National Service Criminal History Check, which may include one or both of the following: Checks of state criminal history registries for locations where I've lived as well as where I will serve or work and/or an FBI fingerprint check.

I also understand that selection in the Louisiana Delta Service Corps is subject to check results and that a candidate can be disqualified for any one of the following reasons:

1. Murder conviction
2. Required to be registered on a sex offender registry
3. False statement in response to inquiry about criminal history
4. Refusal to undergo the National Service Criminal History Check

I understand that I may review and challenge the factual accuracy of the results before action is taken to exclude me from the program.

I understand that I will not assume the cost of performing any part of the three-part background check.

Name (printed): _____

Signature: _____

Date: _____