Mid-Ohio Valley Health Department
WV Community Health AmeriCorps Developer
(WVCHAD) Application
Individuals of all abilities are encouraged to apply

Name_____

EXACT NAME AS SHOWN ON GOVERNMENT ID

Social Security #   XXX -- XX --_____ (For internal use only)

Are you 18 or over?   Yes   No

Can you legally work in the US?   Yes   No

Do you have a High School Diploma or equivalent?   Yes   No

Address_____

_____

Home Phone (_____) _____-_____   Cell Phone (_____) _____-_____

Email Address _____

List Counties within West Virginia you are willing to work

1._____ 2._____ 3._____

National Service Experience:

Have you ever been or are you currently enrolled in an AmeriCorps program?   **YES   NO**

If YES, check all that apply   **AmeriCorps**   **VISTA**   **NCCC**

    If you checked <u>any</u> of the above, what was the:

        Name of Program _____

        Program Location _____

        Date of Service   _____

Did you receive an Education Award?   **YES   NO**

    If yes, how many hours were required to receive an education award? _____

Have you ever been released for cause from National Service?   **YES   NO**

Criminal Background Checks and Sex Offender Registry Checks:

WVCHAD members shall, to the extent permitted by state and local law, be subject to criminal record checks and sex offender checks as part of the screening process. **WVCHAD Program reserves the right to release a member if it determines that a charge is unacceptable because it puts the program or its participants at risk. Individuals who fail to disclose charges/convictions on the member application will be released immediately from service.**

Do you give permission to Mid-Ohio Valley Health Department WVCHAD to run NSOPW, State and FBI background checks?   **YES**   **NO**

Your position is contingent on eligibility determined by the above checks. You will not be eligible if the results show any prior major felony or sexual offender convictions, or if you have failed to disclose criminal history. If the background check shows any of the above disqualifying information you will be given an opportunity to review and correct any misinformation.

Have you ever been convicted, pled guilty, or no contest to a crime (including DUI or worthless checks) other than a routine traffic violation? If you are in doubt be sure to include.   **YES**   **NO**
If yes, provide the following:
Date(s): _____   Place(s): _____

Charge(s): _____

HISTORY:

Please list and briefly describe any employment, volunteer work, organizations, caregiving, community work, or skills that you have experience with that you think might help you to perform this job

References:

Provide two references that have worked with you in some capacity and are not related to you.

Name:_____ Email:_____

Phone:_____Cell Phone:_____

Relationship:_____

Name_____ Email:_____

Phone:_____Cell Phone:_____

Relationship:_____

Certification and Release Statement:

I certify that the information provided on this application is complete, accurate, and true to the best of my knowledge, I understand that any falsified or omitted information may be grounds for rejection of this application or termination of subsequent services in this program. I authorize the Mid-Ohio Valley Health Department and or its representatives to make reference checks using the names provided on this application and herby release the Mid-Ohio Valley Health Department and its representatives from any and all liability of every nature and kind arising out of any such reference checks or there such investigation conducted pursuant hereto.

Signature:_____ Date:_____

Apply online or send to:

Mid-Ohio Valley Health Department
Attn: Sondi Wallace
211 Sixth Street
Parkersburg WV 26101
Fax: (304) 485-7494

Questions, contact Sherry Ellem at (304) 485-7374 ext. 151

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