

AmeriCorps Community Cares Program



Enrollment and/or Re-enrollment packet

New or returning AmeriCorps members serving in Community Cares must complete this packet upon their enrollment or re-enrollment date in the program.

New Enrollments: must complete the entire packet and photo copy their social security card, birth certificate, driver's license, copy of any healthcare policy that you are covered under at this time, and the background check must be completed and signed by the site or police department in your county. Return back to TCAC the childcare packet and student loan forbearance if applicable to you. The enrollment packet must be returned to TCAC C/o Evonne Bennett Po Box 485 Morristown TN 37815.

Re-Enrollments: must complete the entire packet and if you have obtained a new drivers license during the past year please photo copy the new one and attach it to the packet. If you want to continue on the AmeriCorps healthcare please do not sign the healthcare waiver enclosed and you will be automatically added back for a second year. If you are covered under a spouse or TNCARE and not on families first please send a copy of the insurance card and sign the healthcare waiver enclosed. If you received a student loan forbearance and childcare last year you must complete new forms for your second year of service. Please mail the enrollment packet back to TCAC.

Call me if you need assistance or other questions toll free at 877-587-8600 x 14 or 423-586-7636 x 14, or my cell is 423-312-3430

Evonne Bennett

Community Cares
Enrollment/Re-enrollment
AmeriCorps members Personal Information

Please print very clearly and use blue or black ink.

AmeriCorps members name: _____
Members home address: _____
Members home phone: () _____
Members cell phone: () _____
Members email address: _____
Emergency contacts name: _____ Phone _____

Members serving with disabilities will be provided reasonable accommodation. Please put the request for accommodation in writing to the Community Cares program director at TCAC.

Please read and sign the following forms:

Member Records and Confidentiality Statement Form

Tennessee's Community Assistance Corporation (TCAC) must maintain the confidentiality of information regarding individual members. TCAC must obtain the prior written consent of all members before using their names, photographs and other identifying information for publicity, promotional and other purposes, parental or legal guardian consent must be obtained for members serving less than 18 years of age. TCAC may release, aggregate other non-identifying information and are required to release member information to the corporation and its designated contractors. TCAC must permit a member that submits a written request for access to review records that pertain to the member and were created pursuant to this grant. By signing, I acknowledge that I have read and understand this member records and confidentiality statement.

Signature of member: _____ Date: _____
Signature Community Cares Director: _____ Date: _____

Consent Form

I give TCAC, AmeriCorps, Volunteer Tennessee and the Corporation for National and Community Service consent for the use of my name, photograph and or other identifying information in publications and promotions.

Signature of member: _____ Date: _____

Signature Community Cares Director: _____ Date: _____

Educational Award Acknowledgement Form

I understand that I am eligible to earn educational awards for my AmeriCorps service during the first two terms served in any AmeriCorps State, AmeriCorps VISTA or AmeriCorps NCCC program. If I am enrolling for a third year in AmeriCorps, I understand that I will only receive a living allowance during my term of service and will not qualify or receive an educational award the third year of service in AmeriCorps.

Signature of member: _____ Date: _____

Signature Community Cares Director: _____ Date: _____

High School Diploma/GED Form

Serving as an AmeriCorps member I am notifying the Community Cares program director of the following.

I have a GED or High School Diploma: Yes_____ or No_____

If I have earned a GED or diploma, I have given the program director a copy of the highest diploma earned: Yes_____ or No_____

Is a copy of the GED or diploma enclosed with this enrollment/re-enrollment packet?

Yes_____ No_____

I understand that if I have not presented the program director a photo copy of either my high school diploma, college diploma or GED and during this program year if I successfully meet the terms of my AmeriCorps contract and the hourly requirement that I will earn an educational award during my first and second year of service, but I understand that I will not be able to use the educational award or draw down on it from the national service trust until I furnish a photo copy to the program director or trust.

If I am enrolling in AmeriCorps and have not obtained a GED or diploma I understand that if awarded the educational award that I will have seven years to use the educational award and must complete the GED course to be able to draw down on the educational award. Members serving that have already obtained a GED or diploma will be able to use their educational award after their first year of service is complete if they have met the hourly requirements.

Signature of member:_____ Date:_____

Signature of Community Cares Director_____ : Date:_____

Prohibited Activities Form

In AmeriCorps there are activities that are prohibited by members and staff while on AmeriCorps time. On AmeriCorps time means that you are charging time to the AmeriCorps program, accumulating service, training, fundraising hours or otherwise performing activities supported by the AmeriCorps program or the Corporation or staff. On AmeriCorps time or while wearing official AmeriCorps gear members may not engage or participate in the following:

- 1) Attempting to influence legislation
- 2) Organizing or engaging in protest, petitions, boycotts, or strikes
- 3) Assisting, promotion or deterring union organizing
- 4) Impairing existing contacts for services or collective bargaining agreements
- 5) Engaging in partisan political activities or other activities designed to influence the outcome of an election to any public office
- 6) Participating in, endorsing events or activities that are likely to include advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials
- 7) Engaging in religious instruction, conducting worship services, providing instruction as part of that includes mandatory religious instruction or worship, construction of operating facilities devoted to religious instruction or worship, maintaining facilities primarily or inherently devoted to religious instruction or worship, or engaging in any form of religious proselytization
- 8) Providing a direct benefit to: A for-profit entity, a labor union, a partisan political organization, an organization engaged in the religious activities described in the preceding clause (7) unless grant funds are not used to support the religious activities or a non profit entity that fails to comply with the restrictions contained in section 501c3 of U.S. Code Title 26
- 9) Voter registration drives by AmeriCorps members is an unacceptable service activity. In addition, corporation funds may not be used to conduct a voter registration drive
- 10) Other activities as the Corporation determines will be prohibited, upon notice to the Grantee

Individuals may exercise their rights as private citizens and may participate in the above activities *on their initiative, on non-AmeriCorps time, and*

using non-Corporation funds. The AmeriCorps logo should not be worn while doing so.

Fundraising: A member's service activities may include fundraising, but no more than 10% of their total service hours for the year. However here are a few specific types of fundraising activities that AmeriCorps members are not allowed to participate:

Members are not allowed to: Raise funds to support his or her living allowance, raise funds for an organization's operating expenses or endowment, write grant applications for AmeriCorps funding or for any other funding provided by the Corporation for National and community Service, write grant applications for funding provided by any other federal agencies.

Monitoring: It is the responsibility of the agency and program director to enforce and monitor members regarding prohibited activities. Monitoring includes periodic site visits, time sheet review and periodic refreshers for members and site supervisors.

By signing I affirm that I have reviewed, read and understand the AmeriCorps prohibited activities.

Signature of member: _____ Date: _____

Community Cares director: _____ Date: _____

AmeriCorps members on site supervisor/director/or managers signature: _____ Date: _____

Healthcare plan Waiver Form

This is a Waiver form if you sign this form, please photo copy your current healthcare card and submit to TCAC.

Members covered by parents or spouses or other personal coverage must sign this form and waive the AmeriCorps healthcare coverage. If you sign this and at any time during the program year you lose your current healthcare coverage, please contact the program director and she will add you to the AmeriCorps healthcare plan at no cost to you.

Name: _____

Social Security Number: _____

Date of Birth: _____

Date of enrollment in AmeriCorps: _____

Home phone number: _____

I hereby certify that I am otherwise covered by another healthcare plan by my parents, spouse, personal plan or TNCare and am not on families first.

Members covered under other plans are not eligible to participate in the Health Care Plan provided by AmeriCorps.

My signature acknowledges that I understand this and must sign to waive coverage under the AmeriCorps Plan and send along a photo copy of the healthcare plan that I am currently covered under.

Members are not allowed to serve if they are not adequately covered by a health insurance in AmeriCorps.

Signature of member: _____ Date: _____

Healthcare plan Enrollment Form

I hereby notify the program director that I am *not covered* under another healthcare plan at this time and need coverage through the AmeriCorps healthcare plan.

This coverage is provided to members only at no cost to the member(s) during the program year. If you sign this form you will automatically be added to the AmeriCorps healthcare plan and your insurance packet will be mailed to you with an insurance card. Our healthcare plan is SRC an Aetna Company. Aetna is a basic healthcare plan. It is \$100.00 deductible then an 80/20 plan with 50% reimbursement for prescription drugs.

Signature of member: _____ Date: _____

AmeriCorps Lunch Agreement and Understanding Form

I understand that if I serve more than six (6) hours per day that I am required to take a 30 minute lunch/break period. I agree to list lunch on a separate line on the time sheets for each day served and deduct the amount of time I do spend eating or breaking as personal lunch time.

I also understand that if I do not deduct for lunch on my time sheets it will automatically be deducted when my time sheets are reviewed at TCAC.

It is your responsibility to take breaks and lunches as needed. We encourage you to take breaks and lunches and list the lunch or break but do not count hours for this on the AmeriCorps time sheet. If approved working lunches may be counted such as team meetings, trainings or events if deemed appropriate. Members serving at facilities where they are not allowed to leave the buildings or have a lunch period without being with clients or doing respite care or overnight 8-24 hour sitter in home care may count their lunches if they are not allowed to leave and have personal time for lunch on their own, but members must list that it is a working lunch and what they were doing to count the time to do so on the time sheet.

Signature of member: _____ Date: _____

Signature of Community Cares director: _____ Date: _____

