



Maine Conservation Corps Application Certifications and Documents



- ✓ Please read thoroughly before filling out.
- ✓ Complete application then print and sign neatly in blue or black ink. **All signatures must be original**
- ✓ In order to protect personal identifying information, all documents should be mailed or faxed

RETURN CERTIFICATIONS AND DOCUMENTS TO:

Maine Conservation Corps
124 State House Station ♦ Augusta, ME 04333-0124
Fax: 207-287-3342

DO NOT EMAIL THESE FORMS

Member Information

Printed Name: (include middle name)

Aliases/Maiden Name:

Member Eligibility

In collaboration with AmeriCorps, the Maine Conservation Corps requires that a member:

- Is a United States citizen or lawful permanent resident
- At least 18 years of age
- Possess a High School Diploma or equivalency certificate

I attest, under perjury of law, that I am a United States citizen or lawful permanent resident, am at least 18 years old, and possess a high school diploma or equivalency certificate.

Member Signature

Date

Application Certification

Your application must be certified with your original signature in ink. Please read carefully before signing. Unsigned applications cannot be considered for admission.

By signing this application, 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. Misinformation or omission of information could result in disqualification or termination as a Maine Conservation Corps member.

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.

The principal purpose for requesting this personal information is to process your application for acceptance into the Maine Conservation Corps program, and for other general routine purposes associated with your participation in the program. These routine purposes may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests, to present and former employers, references provided by you in your application, and educational institutions, for the purpose of verifying the information provided by you in your application. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information will not otherwise be disclosed to entities outside of the Maine Conservation Corps without your prior written permission.

I understand that the MCC and any of their host sites will be checking my references to learn about my work history and personal character. I understand these references are confidential. I give my permission for the MCC and any of their host Sites to contact any person or organization that would be useful in assessing my appropriateness for the position.

Signature

Date



MEVECHS Program Waiver Agreement and Statement
 (Maine Volunteer and Employee Criminal History Service)
 Maine State Police, State Bureau of Identification

Pursuant to the National Child Protection Act, as amended by the Volunteers for Children Act (NCPA/VCA), this form must be completed and signed by every current or prospective applicant for whom fingerprint-based criminal history records are requested by a Qualified Entity (QE).

I, the undersigned, hereby authorize Maine Conservation Corps (QE) to submit a set of my fingerprints to the Maine State Police-State Bureau of Identification (MSP-SBI) and Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I also authorize criminal history checks to be completed by the QE on State Registries. I understand selection into the program is contingent upon the review of my criminal history. I understand that I would be able to receive any Maine record from the MSP-SBI, and any national criminal history record from the FBI pursuant to 28 CFR Sections 16.30–34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement and Statement, it is my intent to authorize the dissemination of any Maine and national criminal history record that may pertain to me to the QE.

I understand that, until the criminal history background check is completed, the QE may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the QE may provide me a copy of the criminal history background report, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made based on Maine Statute Title 16 §709 and Code of Federal Regulations (CFR) Title 28 § 16.30-34.

A false statement or failure to fully disclose criminal records may lead to ineligibility to work or serve with the program, including the release of current members.

I have ____ OR have not ____ been convicted of a crime.

If convicted, please describe the crime(s), date and location of the crime(s) and the name of the convicting court:

I hereby declare that I am the person described below, and understand that any falsification of this statement can result in the termination of my participation.

 Signature _____
 Date

 Printed Name _____
 Date of Birth _____
 Social Security Number

 Residential Address _____
 City _____
 State _____
 Zip

This document must be retained by the QE and is subject to audit by the MSP-SBI and FBI.

TO MAINE CONSERVATION CORPS APPLICANTS
Please review this agreement and provide the required information.

I authorize the Maine Conservation Corps (MCC) and the State of Maine Department of Administrative and Financial Services/Risk Management Division to research my driving record and to contact the Maine motor vehicle registry. I understand this agreement does not guarantee that I will be authorized to operate a State of Maine vehicle.

signature

print name

date

Risk Management Division reserves the right of final approval. The vehicle may NOT be operated by this driver until approved by Risk Management Division.

Number of full years licensed: 0 to 1 1 to 2 2 to 3 3+

Have you been licensed in any state(s) other than Maine within the past 5 years? Yes No

If yes, list state(s) and approximate time period:

State _____ Approx. year(s) _____

State _____ Approx. year(s) _____

State _____ Approx. year(s) _____

Have you been licensed under any other name within the past 5 years? Yes No

If yes, list other name: _____ If yes, in what state(s) _____

If you are selected for the MCC Program and your license was issued by **a state other than Maine**, you **may be asked** to submit an **official** Driving Record from each state in which you were licensed within the past 5 years. The Driving Record must be obtained **no more than six months** before the start of your MCC term of service. Upon request, driving records should be submitted to Maine Conservation Corps at 124 State House Station, Augusta, ME 04333-0124.

In addition to violations listed on the next page (if any), please disclose any vehicle accidents you have had within the past five years:

Accident Date	# Vehicles Involved	Town and State	Description of Accident

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How long have you been a Maine Conservation Corps participant? New 1 term 2+ terms

MAINE CONSERVATION CORPS VEHICLE USE AGREEMENT

I (*print name*) _____ being age 18 or older, understand and agree that my use of the State of Maine vehicle assigned to me from ____/____/____ to ____/____/____ (maximum 1 year) shall be exclusively to fulfill the State of Maine business for which I have been engaged. I understand and agree that I am not to use the vehicle for any other reason whatsoever (human life threatening medical emergencies excepted). I agree to operate this vehicle in a safe, prudent, and lawful manner at all times. Seat belts shall be worn by all vehicle occupants when the vehicle is in motion. I will not permit any other person to operate the vehicle. I will not drive this vehicle out of the State of Maine. I do truthfully state that I have an active, non-conditional driver's license recognized as valid in the State of Maine, have held such a license for at least one year, and that my privilege to drive is not currently under suspension. I grant permission to the State to verify my Maine license information and driving record and offer the following license information:

Date of Birth ____ / ____ / ____ License Number & State _____

One of the following MUST be checked:

- (1) I do truthfully state that, in the past 5 years, my license was not suspended and I was not convicted or adjudicated of **any** alcohol or drug-related driving violations, or of **any** unsafe vehicle operations such as speeding, improper passing, failure to yield right-of-way, or stop sign violations.
- (2) I do truthfully state that, in the past 5 years, my license was suspended or I was convicted or adjudicated of the following vehicle violations (please list; attach another page if necessary):

Type of violation: _____ Date: ____ / ____ / ____

Type of violation: _____ Date: ____ / ____ / ____

IMPORTANT NOTICE TO DRIVER: DO NOT SIGN BELOW UNLESS YOU HAVE READ AND UNDERSTAND THIS DOCUMENT. BY SIGNING, YOU AGREE THAT IF YOU MAKE ANY FALSE STATEMENTS ON THIS DOCUMENT OR USE A STATE-OWNED VEHICLE OTHER THAN AS PERMITTED BY THIS AGREEMENT, RISK MANAGEMENT DIVISION IN ITS DISCRETION MAY DECIDE NOT TO INSURE YOUR OPERATION OR USE OF A STATE-OWNED VEHICLE AND MAY DECLINE TO DEFEND AND INDEMNIFY YOU IN THE EVENT A CLAIM IS BROUGHT AGAINST YOU.

Driver Signature

Date Signed

↓ *For Maine Conservation Corps Use Only* ↓

Signature and Title of Authorizing State Official

Date Signed

Printed Name of Authorizing Official

Maine Conservation Corps
Printed Department/Bureau Name

Official's Phone # 624-6085

Official's Fax # 287-3342

Pre-approval - no job has been offered at this time

Final approval - Job has been offered and accepted as:

Training Coordinator *Senior Team Leader* *Field Team Leader*

Field Team Member *Environmental Steward*

↓ *For Risk Management Division Use Only* ↓

Approved *Not Approved* *Pre-Approval Only* *Approved with this restriction:* _____

Department notified this date By: *Fax* *Phone* *Other* _____

Risk Management Signature: _____ *Date:* ____ / ____ / ____

Rev 09/12