

[AmeriCorps Online Application Instructions:](#)

Legacy Corps for Veterans & Military Families at Big Bend Hospice

Thank you for your interest in becoming a Legacy Corps volunteer at Big Bend Hospice! If you need assistance completing your application, please contact:

- AmeriCorps Hotline: 1-800-942-2677 - 9 AM to 7 PM EST, Mon-Thurs
- Taylor Casper, AC Program Coordinator: 850-671-6037, tmcasper@bigbendhospice.org

Please follow this instruction guide to the end to successfully to complete all components (profile, application, and submission) for your application to reach us.

1) Go to <https://americorps.gov/join> to begin

2) Scroll down until you reach this section (pictured right), select “Start”. You may receive a pop-up routing you to the MyAmeriCorps portal; select “Continue”.

Step 2: Apply to become an AmeriCorps member



1. Create a profile

Enter some personal information, your availability, level of education, and skill areas.



START

3) Create a **profile** by entering your information in the boxes provided. The portal will walk you through four steps to complete the profile registration. Click “next” in the bottom right corner to advance to the next step.

AmeriCorps Contact My AmeriCorps | Login
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Create Profile: Step 1 of 4

Before you get started making a profile, learn more about all of the AmeriCorps programs here. [Learn More](#) (Opens a new window)

[Click here for help.](#)

Please use the following fields to create a profile. Enter your name exactly as it appears on your government-issued identification. Also, you must have a valid e-mail address. An asterisk (*) denotes a required field.

Prefix:

Preferred Name:

* First Name:

Middle Name/Initial:

* Last Name:

Suffix:

* SSN: eg, 123456789

* Date of Birth:

* E-mail Address:

* Re-enter E-mail Address:

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Create Profile: Step 2 of 4

[Click here for help.](#)

An asterisk (*) denotes a required field.

* Citizenship/Residency Status:

* City of Birth:

State of Birth:

* Country of Birth:

* Sex:

CNCS gathers information about sex, race, ethnicity, and other demographic information to ensure opportunities are provided to serve for people of all conditions. This information will be held confidentially, and will solely be used for data analysis to assist us in ensuring we serve all Americans equally. The information you provide will not be used in any way to determine or affect any federal benefit. Your responses are required in order to be enrolled as an AmeriCorps member, but will be kept confidential.

* Earliest Availability Date:

* Last Availability Date:

Available indefinitely: ☐

* Are you moving within the next six months? ☐ yes ☐ no

Step 3 of 4: Current & permanent mailing address can be the same if desired. Please note that you must enter a full nine-digit zip code to proceed. If you are unsure what your full zip code is, please visit <https://m.usps.com/m/ZipLookupAction>.

Step 4 of 4: If you are asked to enter the name of an **educational institution** on this page, **you will not be able to type it in.** You must **search** the system by clicking where it says, “**Search for Institutions.**”

An asterisk (*) denotes a required field.


Skills and Experience

* What is the highest level of education you have completed?: College graduate

(Search for Institutions) ←

* Institution Name:

* Type of Degree, Diploma or Certificate: Select

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Create Profile: Step 3 of 4

[Click here for help.](#)

To create a profile you must provide a current mailing address. If you move, please update your address. An asterisk (*) denotes a required field.

Current Mailing Address:

Is this a foreign (non-US) address? [Click here.](#)

* Street address 1:

Street address 2:

* City:

* State:

* Zip code: -

* Preferred Phone: (e.g. 555-555-5555)

Is this an international phone number? [Click here.](#) ☐

Other Phone: (e.g. 555-555-5555)

Is this an international phone number? [Click here.](#) ☐

* Preferred method of communication: ☐ E-mail ☐ Phone

Permanent Address:

Is this a foreign (non-US) address? [Click here.](#)

* Street address 1:

Street address 2:

* City:

* State:

* Zip code: -


* Preferred Phone: (e.g. 555-555-5555)

Is this an international phone number? [Click here.](#) ☐

Other Phone: (e.g. 555-555-5555)

Is this an international phone number? [Click here.](#) ☐

To use your current mailing address ☐

 **AmeriCorps**

Create Profile: Step 4 of 4

[Click here for help.](#)

An asterisk (*) denotes a required field.

Skills and Experience

* What is the highest level of education you have completed?: Please Select

* What is your military, veteran, or family member status? All Honorably Discharged veterans qualify for nomination for the Presidents Volunteer Service Award. (Check all that apply):

☐ I am a veteran

☐ I am an active duty member of the U.S. Armed Forces

☐ I am a member of the National Guard or Reserve Component

☐ I am an immediate family member of a veteran

☐ I am an immediate family member of an active duty member of the U.S. Armed Forces

☐ I am an immediate family member of a National Guard Member or Reservist

☐ I am not in the military, a veteran or a family member of someone in the U.S. Armed Forces

* Are you registered to vote?:

* Is English your primary language? ☐ yes ☐ no

* Do you speak any other languages? ☐ yes ☐ no

* Do you have a valid government-issued driver's license? ☐ yes ☐ no

Listed below are skill areas that some programs find useful and may seek in AmeriCorps applicants. Indicate the skill areas in which you have had training or experience, including volunteer or community service experience. Please note that when you create an application, you will need to elaborate on each of the skills you have selected. This is not an exhaustive list of skills. If you have additional skills, please enter the skill in the 'other' field below.

<input type="checkbox"/> Architectural Planning	<input type="checkbox"/> Business/Entrepreneur	<input type="checkbox"/> Communications
<input type="checkbox"/> Community Organization	<input type="checkbox"/> Computers/Technology	<input type="checkbox"/> Conflict Resolution
<input type="checkbox"/> Counseling	<input type="checkbox"/> Education	<input type="checkbox"/> Fine Arts/Crafts
<input type="checkbox"/> First Aid	<input type="checkbox"/> Fundraising/Grant Writing	<input type="checkbox"/> Law
<input type="checkbox"/> Leadership	<input type="checkbox"/> Medicine	<input type="checkbox"/> Public Health
<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Recruitment	<input type="checkbox"/> Teaching/Tutoring
<input type="checkbox"/> Trade/Construction	<input type="checkbox"/> Writing/Editing	<input type="checkbox"/> Youth Development
<input type="checkbox"/> Environment	<input type="checkbox"/> Non-Profit Management	<input type="checkbox"/> Social Services
<input type="checkbox"/> Urban Planning	<input type="checkbox"/> Disaster Services	<input type="checkbox"/> Veterans
<input type="checkbox"/> Team Work		

Other:

In the space provided below, please provide any additional interest, skill, experience, or additional information that may be helpful in evaluating your application.

200 characters left

[cancel](#) [previous](#) [finish](#)

4) Once your **profile** is complete, you will see a registration confirmation.

Registration Confirmation

Applicant Information

Thanks for your registration, [REDACTED]. An e-mail has been sent to you at [REDACTED] with further instructions.

Open the email from AmeriCorps and click on the link to create a username and password for your account. **Write down your username, password, and any security questions/answers you create for the account** for future access.

AmeriCorps Contact My AmeriCorps | Login
FONT SIZE: Default | Large

Complete Registration for My AmeriCorps

[Click here for help.](#)

Please enter a username and password below. The user name you specify will be used to identify you throughout the system, as well as for projects and help desk staff, so please choose accordingly. Your password must be at least twelve characters long, contain at least one special character (!@#\$%^&*()_+?~`/|{}-;:=,.->[]), must contain both upper and lower case letters, and must not contain the word "password". An asterisk (*) denotes a required field.

* Last Name:

* Last 4 Digits of SSN:

* Date of Birth: (mm/dd/yyyy)

* User Name:

* Password:

* Confirm Password:

Profile Privacy: ☒ Check here to allow programs to search for and view your profile.

E-mail Notifications: ☒ Check here to receive e-mail notifications.

Security Challenge Questions

Please select and answer three security questions. If you should forget your password you will be prompted to answer your Security question correctly before a temporary password will be e-mailed to you. An asterisk (*) indicates a required field.

* Question 1:

* Answer 1:

* Question 2:

* Answer 2:

* Question 3:

* Answer 3:

5) You are now logged into your MyAmeriCorps profile! To reach the login portal at any time, use the link <https://my.americorps.gov/mp/login.do>.

Now that you have a **profile**, it is time to complete your **application**. From the menu on the left side, click on "Applications."

HOME

My AmeriCorps

- ☐ Member Home
- ☒ Applications
- ☐ References
- ☐ Submissions
- ☐ Search Listings
- ☐ My Favorites
- ☐ Contact My AmeriCorps

6) Click on the “**Create Application**” button, the first page should look like the image below. The application has 8 steps, but **note you can save and come back to your application anytime – just click the “Save” button at the bottom.** Use the “Next” and “Previous” buttons to navigate to the various components of the application.

7) **References:** In the final step, you will enter contact info for **2 references who will be emailed directly to complete a reference for you.** Select the “New Reference” button, enter the contact info, and click “Submit”. Repeat the process for the second reference.

8) Now you submit your application to our BBH site! On the left side menu, select “**Search Listings.**” Here, locate the box labeled “Quick Search” and enter the information as shown below.

Program Type: **AmeriCorps State/National**
 State: **Florida**
 Program Name: **Legacy Corps for Veterans**

9) The listing names for all sites in Florida will look the same - click on each listing for “Legacy Corps for Veterans and Military Families” until you find us, **site listing 84126** (pictured below). Click the “**Apply Now**” button at the bottom of our page listing.

The screenshot shows the AmeriCorps website interface. On the left is a navigation menu with options like 'HOME', 'My AmeriCorps', 'Member Home', 'Applications', 'References', 'Submissions', 'Search Listings', 'My Favorites', and 'Contact My AmeriCorps'. The main content area is titled 'Search Results' and displays a list of six identical listings for 'Legacy Corps for Veterans and Military Families' (LCVMF) in Florida. Each listing includes a red star icon, the program name, and the text 'Legacy Corps for Veterans and Military Families (LCVMF) provides caregive'. A yellow arrow points from the bottom of the listings to a red 'Apply Now!' button at the bottom right of the page.

Summary of Listing Details:

SUMMARY	
Program Type:	AmeriCorps State / National
Program	Legacy Corps for Veterans and Military Families
Program Start/End Date	09/01/2020 - 08/31/2021
Work Schedule	Part Time
Education level	Less than High school
Age Requirement	Minimum: 17 Maximum: 99
Program Locations	FLORIDA
Languages	None
Accepting Applications	From 07/01/2021 To 04/01/2022
Contact	Taylor Casper 1723 Mahan Center Blvd Tallahassee FL 32308 8506716090 tmcasper@bigbendhospice.org
Listing ID	84126

10) Using the system prompts, select your application to attach it and answer the questions in the “Certification” section. Finally, click “Submit” in the bottom right corner.

Congratulations, you have officially submitted your online application!!

Please email Taylor Casper at tmcasper@bigbendhospice.org to ensure we have properly received your application. If your application meets our qualifications, we will reach out to you with an interview invitation. Thank you!