



AmeriCorps Legal Advocates of Massachusetts Member Application Instructions 2016-2017 Service Year



Thank you for your interest in applying to be an AmeriCorps Advocate with the AmeriCorps Legal Advocates of Massachusetts.¹ ALA-Massachusetts is seeking 29 college and law school graduates to serve in 2016-2017. This is full-time service position, requiring 1,700 hours over 46 weeks from September 12, 2016 to July 28, 2017.

Serving with ALA-Massachusetts is not employment. Members make a commitment to serve the full term and, in exchange, will receive the following benefits for the 2016-2017 year:

- A \$21,500 taxable living stipend
- Health insurance
- A \$5,775 education award upon completion of service
- The ability to place eligible student loans in forbearance with interest paid upon completion of service
- Child care assistance, if eligible
- Hands-on, supervised exposure to the practice of poverty law
- A national service experience.

To apply to be an ALA-Massachusetts Advocate for the 2016-2017 year, please complete this application and send it **with a cover letter and resume** by email to:

acopperman@justicema.org

You must also send a paper copy of the completed application with original signature to:

Amy Copperman, Program Director
AmeriCorps Legal Advocates of Massachusetts
c/o The Justice Center
231 Main Street, Suite 201
Brockton, MA 02301

ALA-Massachusetts is an equal opportunity program, available to all without regard to race, color, national origin, disability, age, sex, sexual orientation, political affiliation, or religion. It is committed to the inclusion of people with disabilities. Please contact the Program Director to request an accommodation during the application or interview process. Our 2016-2017 program year is dependent on grant funding through the Corporation for National and Community Service, with an award announcement expected by June 2016.

ALA-Massachusetts is an AmeriCorps program of South Coastal Counties Legal Services, Inc. (SCCLS), a private non-profit law firm providing legal assistance to eligible low-income clients. ALA-Massachusetts is funded through the Corporation for National and Community Service, administered by the Massachusetts Service Alliance, and housed at the Justice Center of Southeast Massachusetts, a wholly owned subsidiary of SCCLS. Formerly known as the Massachusetts Legal Assistance for Self Sufficiency Program (MLASSP), this program has been in operation since 2005. For more information, go to www.ala-mass.org.

¹ Our name has changed! Massachusetts Legal Assistance for Self-Sufficiency Program is now AmeriCorps Legal Advocates of Massachusetts.



**AmeriCorps Legal Advocates of Massachusetts
AmeriCorps Member Application
2016-2017 Service Year**



PERSONAL INFORMATION

NAME: _____

EMAIL: _____

PHONE: _____

ALTERNATIVE PHONE (optional): _____

CURRENT ADDRESS (information will be sent here unless otherwise instructed):

This address is valid until: _____

ALTERNATIVE ADDRESS (optional):

CITIZENSHIP: Are you a U.S. Citizen, U.S. National, or lawful permanent resident?

Yes_____ No_____

AGE: Are you 18 years or older?

Yes_____ No_____

ETHNICITY (optional): _____

GENDER (optional): _____

How did you hear about ALA-Massachusetts (formerly MLASSP)?

PROGRAM PARTICIPATION

AVAILABILITY: Are you available full time from September 12, 2016 to July 28, 2017?

Yes _____ No _____

BACKGROUND CHECKS: Do you consent to participate in a background check consisting of a state criminal record check, a check of the national sex offender registry, and an FBI fingerprint check? (*Completed background checks are required for service in AmeriCorps*).

Yes _____ No _____

NATURE OF SERVICE: Do you understand that service as an AmeriCorps Advocate is not employment?

Yes _____ No _____

Serving with AmeriCorps is a large time commitment with a minimal living stipend. Do you have any issues, concerns or priorities which could adversely affect your commitment or ability to complete the program?

Yes _____ No _____

If yes, please explain:

PROHIBITED ACTIVITIES: While serving in AmeriCorps, you are prohibited from engaging in political, religious, or union activities during service hours. Is there anything that would prevent you from following these guidelines?

Yes _____ No _____

If yes, please explain:

Do you have any plans for attending college, a graduate study program, or devoting a significant amount of time to an academic project while serving with ALA-Massachusetts? (*ALA-Massachusetts cannot accept candidates who plan to attend law school or graduate school while serving*).

Yes _____ No _____

OUTSIDE EMPLOYMENT: Do you have any plans to engage in employment outside of your service while serving with ALA-Massachusetts? (*While serving with ALA-Massachusetts, members may have outside employment outside of their service hours, but they cannot engage in the practice of law outside of their service hours during the service year*).

Yes ____ No _____

If yes, please explain:

Is there anything that would prevent you from following the rule not to engage in the practice of law during the service year?

Yes ____ No _____

If yes, please explain:

TRANSPORTATION: This program requires daily transportation to a partner site, occasional travel throughout Massachusetts for trainings, and three overnight events. Do you have any concerns about reliable transportation to these activities?

Yes ____ No _____

If yes, please explain:

GEOGRAPHIC PREFERENCES

Our site partners are located in all regions of Massachusetts. Please let us know about your geographic preferences:

I can serve in any region: _____

OR

I can serve in (check all that apply):

Central Massachusetts: _____

Greater Boston Area: _____

Northeastern Massachusetts: _____

Southeastern Massachusetts: _____

Western Massachusetts: _____

EDUCATION AND SKILLS

Check the highest level of education that you will have completed by the time you plan to serve with ALA-Massachusetts (check only one):

Bachelor's Degree: _____

Law Degree: _____

Other Graduate Degree: _____

Are you currently admitted to the bar in Massachusetts or another state? Please specify:

Please list any plans to take bar exams in any state before the beginning of your AmeriCorps service. (*Note that ALA-Massachusetts discourages members from taking any bar exam during the service year due to the large time commitment involved*).

LANGUAGE ABILITY: List non-English language(s) in which you are fluent, and describe your proficiency in speaking and writing separately.

AMERICORPS EXPERIENCE

Have you previously served in AmeriCorps? Yes _____ No _____

Organization: _____

Dates of involvement: _____ to _____

Did you complete your term of service? Yes _____ No _____

Did you receive an education award? Yes _____ No _____

Location: _____

Contact Person Name and Email: _____

Description of involvement:

Reflection on AmeriCorps experience:

COMMUNITY SERVICE EXPERIENCE

In the space below, describe up to two additional relevant service experiences. In the reflection section, elaborate on why you decided to get involved, what you learned, and how it affected you.

Organization: _____
Dates of involvement: _____ to _____
Location: _____
Contact Person Name and Email: _____

Description of involvement:

Reflection on service experience:

Organization: _____
Dates of involvement: _____ to _____
Location: _____
Contact Person Name and Email: _____

Description of involvement:

Reflection on service experience:

SHORT ANSWERS

Please describe why you want to serve in MLASSP:

Please describe any specific relevant education, experience, or skills you have that you think would be an asset to ALA-Massachusetts and the clients served by this project:

What are your career goals?

What interests you about poverty law?

REFERENCES

Please list three references from your employment, education, or service experience. By listing these references, you give ALA-Massachusetts permission to contact them.

Name, Title: _____
Organization: _____
City, State: _____
Phone: _____
Email: _____
Relationship: _____
How long has this person known you?: _____

Name, Title: _____
Organization: _____
City, State: _____
Phone: _____
Email: _____
Relationship: _____
How long has this person known you?: _____

Name, Title: _____
Organization: _____
City, State: _____
Phone: _____
Email: _____
Relationship: _____
How long has this person known you?: _____

SIGNATURE

I attest that the information provided in this application is true and correct to the best of my knowledge.

Name: _____

Date: _____