



EDDIE BAZA CALVO
Governor
RAY TENORIO
Lieutenant Governor



PY 2015-2016 - AMERICORPS APPLICATION



Antonette Bautista
Program Director
AmeriCorps Ayuda Para I Komunitad
[Sanctuary Incorporated of Guam]



Edison Natividad
Program Director
AmeriCorps Guam Homeland Security
[Guam Homeland Security & Office of the Civil Defense]



Gwen Aguon
Program Director
AmeriCorps Amot Farm
[Para I Minaolek Taotao-ta, Amot Farm Inc.]



Edilyn Terlaje
Program Director
AmeriCorps Serve Guam! Justice Corps
[Judiciary of Guam]



Dr. Carmen Garrido
Program Director
AmeriCorps GDOE Service Learning
[Guam Department of Education]



Heidi Quinata
Program Director
AmeriCorps Pa'a
[Pa'a Taotao Tano']



AmeriCorps Kara Sexton
Program Director
AmeriCorps Impact Corps
[Big Brothers Big Sisters of Guam] Impact Corps



Governor's Serve Guam Commission

- Julie Iriarte** - Admin/Fiscal Officer
- Carmen San Nicolas** - Program Officer
- Ester Reyes** - GVC Officer
- Doris Aguon** - Executive Director
- Mayor Melissa Savares** - SGC Board Chairperson



[This material is made possible through a generous grant received from the Corporation for National & Community Service through the Governor's Serve Guam Commission, Grant Number: 14CAHGU001.]

Which AmeriCorps Program Are You Applying To? Check only one.

(If you are applying to more than one AmeriCorps program, check one after you copy your application for each program.)

**Indicate what demographic you are from: North South Central
(List what village you live in)**

Indicate if you are a disadvantage youth/ family member of incarcerated parents Y N

Indicate if you are a disadvantage individuals receiving TANF or Welfare Y N

<p>Tel: 475-7102/ Fax: 477-3117</p> <p>email: nonabautista1964@gmail.com</p> <p>Program Director, Antoinette Bautista</p> 	<p>AmeriCorps Ayuda Para I Komunidat (Help for the Community) Organization: Sanctuary Incorporated of Guam</p> <p>Education: Mentoring and Assisting At-Risk Youth and Families; Members will carry out enrichment activities and have the direct involvement of community volunteers in workshops, classes and groups on improving Parenting Skills, Parent Support Groups, Youth/Adult Anger Management Classes.</p> <p>Environmental Stewardship: Revitalization of Public Parks, Erosion Control, Community Garden, Invasive Species.</p> <p>Capacity Building: Recruitment and management of community volunteers to resource and leverage on service projects in making a difference in our community.</p>
<p>Tel: 475-4721/2 Fax: 475-8266</p> <p>email: heidi.paa.americorps@gmail.com americorps.paa@gmail.com</p> <p>Program Director, Heidi Quinata</p> <p>Special Projects Coordinator, Zina Ruiz</p> 	<p>AmeriCorps Pa'a Organization: Pa'a Tao Tao Tano</p> <p>Education: Members will implement a Chamorro Cultural Arts Program K-12; community programs with instructions in dance, chant, and weaving in designated villages.</p> <p>Healthy Futures: Members will conduct recreational activities through cultural arts instructions of dance engaging participants in physical exercise and improved lifestyle.</p> <p>Capacity Building: Recruitment and management of community volunteers to resource and leverage on service projects in making a difference in our community.</p>
<p>Tel: 475-9600/ Fax: 929-7599</p> <p>email: edison.natividad@ghs.guam.gov</p> <p>Program Director, Edison Natividad</p> 	<p>AmeriCorps Guam Homeland Security Organization: Guam Homeland Security & Office of Civil Defense</p> <p>Disaster Preparedness: In response to the President's call for the "whole community" involvement in disaster response and unification of various volunteer and preparedness programs.</p> <p>Veterans & Military Families: Engage veterans in service opportunities as a National Service Participant or volunteer.</p> <p>Service opportunities: Helping others through actions including but not limited to: disaster services assistance; education services (including tutoring and mentoring); environmental stewardship and conservation; independent living; housing, financial services or employment assistance (including training and/or job placement services); and access to health care services (mental health and/or family supports). The assistance may be provided to other veterans, people within the military community or external to it. The Guam Office of Civil Defense (OCD) embraced the U.S. Department of Homeland Security/ Federal Emergency Management Agency (DHS/FEMA) Citizen Corps Program (CCP) whose mission is to harness the power of every individual through education, training, and volunteer service to make communities safer, stronger, and better prepared to respond to the threats of terrorism, crime, public health and issues, and disasters of all kinds.</p> <p>Capacity Building: Recruitment and management of community volunteers to resource and leverage on service projects in making a difference in our community.</p>
<p>Tel: 475-3427/300-7786</p> <p>email: eterlaje@guamcourts.org</p> <p>Program Director, Edilyn Terlaje</p> 	<p>AmeriCorps Serve Guam! Justice Corps Organization: Judiciary of Guam</p> <p>Economic Opportunity: Members will engage in services including coordinating course/ school enrollment, job placement or training, camp for at-risk juveniles, after school tutoring, peer mentoring, recreational therapy, and facilitating alternative sentencing educational programs and assist with pro se matters, hearings and provide litigants with information after the courtroom session. Judiciary's therapeutic courts: assist in employment and housing, and conducting workshops for employment and employment with a criminal record.</p> <p>Education: Members will provide soft skills and relevant law education training to juveniles and at-risk youth either on probation or at the local schools on Guam</p> <p>Veterans & Military Families: Members will assist the Judiciary with various programs, therapeutic courts; Juvenile, Adult and proposed Veterans Treatment Court. Veterans will be recruited and/or engaged in service.</p> <p>Capacity Building: Recruitment and management of community volunteers to resource and leverage on service projects in making a difference in our community.</p>

<p>Tel: 777-3065/ 777-6733</p> <p>email: gaguon.americorps@gmail.com Program Director, Gwen Aguon</p> 	<p>AmeriCorps Amot Farm Organization: Para I Minaolek Taotao-ta, Amot Farm Inc.</p> <p>Healthy Futures: Offer health education workshops, outreach, and demonstrations of farming methods, in partnership with Department of Public Health and Social Services; Non Communicable Disease (NCD), to convey information to the community regarding community health status, health care needs, positive health behaviors and health care policy issues, through community outreach and demonstrations on farming methods”, in partnership with Department of Agriculture Engage youth in physical activity and teach them the importance of nutrition, and connect people and provide information to help them have healthier lives.</p> <p>Environmental Stewardship: Improve Acres of national parks, state parks, city parks, or other public or tribal lands</p> <p>Capacity Building: Recruitment and management of community volunteers to resource and leverage on service projects in making a difference in our community.</p>
<p>Tel: 488-6263</p> <p>email: clgarrido@gdoe.net Program Director, Dr. Carmen Garrido</p> 	<p>AmeriCorps GDOE Service Learning Organization: Guam Department of Education</p> <p>Education: Program members will be trained in the basic knowledge and skills of mentoring/homework assistance and service learning. Public high school students will be the recipients of these school- and community-based services that focus not only on education, but also in combating obesity and learning the value of giving back to the community. Overall, the program will extend a helping hand to our local youths in their pursuit of academic, career, and social/ personal development.</p> <p>Healthy Futures: Program members will mentor and campaign for healthier lifestyles of our island youths. Campaigns will include but are not limited to mini workshops, service learning activities, and recreational events.</p> <p>Capacity Building: Recruitment and management of community volunteers to resource and leverage on service projects in making a difference in our community.</p>
<p>Tel: 472-2227</p> <p>email: bbbsgcm@teleguam.net Program Director, Kara Sexton</p>   <p>Impact Corps</p>	<p>AmeriCorps Impact Corps Organization: Big Brothers Big Sisters of Guam</p> <p>Education: The AmeriCorps Impact Corps will help children reach their potential through mentoring relationships and youth enrichment activities on site after-school. Members will engage youth in a variety of structured activities such as academic support, community service, service learning, college and career exploration, art, recreation, leadership and physical activities.</p> <p>Economic Opportunity: Members will facilitate financial literacy classes and work readiness classes for youth and adults.</p> <p>Capacity Building: Recruitment and management of community volunteers to resource and leverage on service projects in making a difference in our community.</p>

Privacy Statement -- In compliance with the Privacy Act of 1974, the following information is provided: The collection of this information is authorized by the provisions of the National and Community Service Act of 1990, by the National and Community Service Trust Act of 1993, and the Serve America Act of 2009. The primary purpose of the information is to obtain from AmeriCorps program representatives their data to successfully enroll a member in a term of service and the education award program. The evaluative information will help the Corporation improve its programming and services to members. Information may also be provided to federal, state, and local agencies for law enforcement purposes. The information may be shared with other agencies, such as the Social Security Administration, through computer matching agreements for the purpose of verifying identity and citizenship status information provided by you in this document. Information will not otherwise be disclosed outside the Corporation without written permission. The Internal Revenue Service has determined that the education award is taxable in the year it is used. Your Social Security Number (SSN) is solicited under the authority of the Internal revenue Code (28 U.S.C. 6011© and 6109) for use as a taxpayer identification number. Failure to disclose the SSN or any other information may result in a denial of your receiving an education award or it may delay the processing of your education award. In furtherance of the Corporation’s efforts to ensure that the programs are inclusive of persons with disabilities, your Social Security Number may be released to the Social Security Administration to measure aggregate statistical data on the number of AmeriCorps members receiving disability-based benefits. If you do not wish your personal information to be included in this research, mark “prefer not to respond” under question 6. OMB Approval No.3045-0006

Attach The Following Documents With Application:	
<input type="checkbox"/>	Government approved picture ID
<input type="checkbox"/>	Proof of Citizenship (Copy of Passport or Birth Certificate).
<input type="checkbox"/>	I-94 must be requested from US Customs and Border Protection Home page : https://i94.cbp.dhs.gov/i94/request.html?sessionId=yGvDTHLhfN7QgWJhY3YDPPpPFHys31TckhrwjPG5TzNJ3vPg4Dny!-1848657918
<input type="checkbox"/>	Copy of High School Diploma, GED, or letter from School Counselor of expected graduation date.
<input type="checkbox"/>	Copy of Social Security Card

AMERICORPS APPLICATION REQUIREMENT INSTRUCTIONS

For any questions that do not apply to you, please write "N/A" (Not Applicable). Do not leave blank.
Complete this application by printing clearly/ type in blue ink. Program Directors to submit to SGC for review, audit, and approval.

Provide full and complete information, If additional space is required, a separate sheet(s) may be attached. If you wish to submit a RESUME, your resume must contain all of the required information under the employment section of this application.

45CFR § 2540.610	What are the consequences of making a false or misleading statement? <i>If it is determined that you made a false or misleading statement in connection with your eligibility for a benefit from, or qualification to participate in, a Corporation-funded program, it may result in the revocation of the qualification or forfeiture of the benefit. Revocation and forfeiture under this part are in addition to any other remedy available to the Federal Government under the law against persons who make false or misleading statements in connection with a Federally-funded program.</i>
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45 CFR § 2540.660	If the final decision determines that I received a financial benefit improperly, will I be required to repay that benefit? <i>If it is determined that you received a financial benefit improperly, you may be required to reimburse the program for that benefit.</i>
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LEGAL: Answer the following questions fully. Existence of criminal conviction/ adjudication may or may not, depending on the circumstances disqualify your from consideration. However, any intentional misrepresentation or omission will disqualify you. Do not include minor traffic violations

Have you ever been convicted, or adjudicated as a juvenile offender, of any criminal offense by either a civilian or Military court, other than minor traffic violations? Yes No • Are you now: Under charges of any offense? Yes No On probation or parole? Yes No
If you answered yes to any of the questions above, please provide the following information: If no skip to "Certification"

<input type="checkbox"/> Date (Month/Day/Yr):	<input type="checkbox"/> Place (City, State):	<input type="checkbox"/> Zip Code:	<input type="checkbox"/> Charge:	<input type="checkbox"/> Action Taken:
<input type="checkbox"/> Court:	<input type="checkbox"/> Probation	<input type="checkbox"/> Name of Parole Officer:	<input type="checkbox"/> Contact Information:	

*****You may attach any additional information or explanation on a separate sheet*****

The Recruitment Process includes (5) Part Background Check: National Service Criminal History Checks (NSCHC) Authorization

Effective April 21, 2011, the National Service Criminal History Check will consist of five parts for individuals who are predicted to have recurring access to a vulnerable population. An FBI check will no longer substitute for the one or two required State repository checks.

The five part check must include: Federal Sex Offender registry check (NSOPR, also known as NSOPW and results), Local registry and state of last residency criminal history registry check(s); Police Court Drug Testing (Receipt and Document of Clearance) FBI Finger Printing (receipt and Document of Clearance, State Repository Clearance by Superior Court of Guam submitted to SGC)

I, _____, hereby authorize and consent Serve Guam Commission and AmeriCorps Program, to conduct a State Criminal Registry History Check on my name. I understand that the position selection is contingent on eligibility determined by the results of the check components.

Applicant Signature/ Date _____

SELF-CERTIFICATION REQUIRED: Individuals currently serving or working in covered positions who began or started service prior to October 1, 2009, were required to self-certify by January 1, 2013, that they have not been convicted of murder as defined by 18 U.S.C. § 1111. [Model language for a self-certification statement is provided here.](#) A person with a murder conviction currently serving in or employed in a covered position, regardless of when the individual first started servicing, cannot continue service or working in any covered position. Individuals convicted of murder must immediately be removed from service or grant-funded employment in a cover position. Such individuals may work or serve in non-CNCS funded program activities.

For Parent or Guardian of Applicants Under 18 Years of Age

I have reviewed this application and regulations and I authorize my son/daughter/legal ward to apply to AmeriCorps Program.

Print Name:	Signature:	Date:
Relationship:	Phone: ()	Cell: ()
Email:	Address:	

POTENTIAL APPLICANT WAS PROVIDED THE OPPORTUNITY TO REVIEW FINDINGS.

APPLICANT SIGNATURE/DATE: _____ PROGRAM DIRECTOR SIGNATURE/DATE: _____

POTENTIAL MEMBER: PLEASE COMPLETE AND SIGN

PERSONAL PROFILE

1.	<p>NAME:</p> <p>_____</p> <p>LAST FIRST MIDDLE</p>
2.	<p>Date of Birth: _____ Input Last 4 Digits of Social Security Number: _____</p>
3.	<p>Citizenship Status:</p> <p><input type="checkbox"/> I am a U.S. Citizen or National <input type="checkbox"/> I am a Lawful Permanent Resident Alien of the United States</p> <p>Citizens of the U.S. include person born in Puerto Rico, Guam, the U.S. Virgin Islands, and the Northern Marianas Islands. Nationals of the U.S. include persons born in American Samoa, including Swains Island.</p> <p>Generally, you are a Lawful Permanent Resident Alien of the U.S. if you are a U.S. permanent resident with (i) a Permanent Resident Card, INS Form 1551; (ii) Alien Registration Receipt Card, INS Form 1-1551, (iii), a passport INS has approved as temporary evidence of lawful admission for permanent residence; or (iv), an I-94, indicating that the INS has approved it as temporary evidence of lawful admission for permanent resident.</p>
4.	<p>School Status:</p> <p><input type="checkbox"/> I have received a high school diploma or its equivalent (attach diploma)</p> <p><input type="checkbox"/> I agree to obtain a high school diploma or its equivalent before using my educational award, and I did not drop out of elementary school or secondary school to enroll in the program.</p>
5.	<p>Current Address (All information will be sent to you at this address until you notify the Program and SGC of a change of address)</p> <p>_____</p> <p>Apt. or House Number Street City State Zip Code</p> <p>Email Address _____ Home Phone _____</p> <p>Cell Phone _____ Business Phone _____ Ext _____</p>
6.	<p>Permanent Address (Name and address of person through whom you can always be reached at once you leave the program)</p> <p>_____</p> <p>Apt. or House Number Street City State Zip Code</p> <p>Email Address _____ Home Phone _____</p> <p>Cell Phone _____ Business Phone _____ Ext _____</p>
7.	<p>Have you previously enrolled in an AmeriCorps, Silver Scholar, or Serve America Fellow Program?</p>
8.	<p>Have you ever been released "for cause" by AmeriCorps, Silver Scholar, or Serve America Fellow Program? <input type="checkbox"/> NO <input type="checkbox"/> YES</p>
9.	<p>Education Award Limitations.</p> <p>I understand that I may not receive more than the aggregate value of two full-time education awards and that upon successful completion of the term of service, I will receive only that portion of the education award for which I am eligible, which may be all or part of an education award, or no education award, pursuant to 45 CFR § 2526.55</p> <p><input type="checkbox"/> Please initial that you understand this limitation. _____</p>

LIST THREE (3) REFERENCES

1. Name of Reference: _____

 LAST FIRST MIDDLE
 Organization/Institution: _____
 Physical Address: _____
 Mailing Address: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____

2. Name of Reference: _____

 LAST FIRST MIDDLE
 Organization/Institution: _____
 Physical Address: _____
 Mailing Address: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____

3. Name of Reference: _____

 LAST FIRST MIDDLE
 Organization/Institution: _____
 Physical Address: _____
 Mailing Address: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____

EDUCATION: List the highest level of education that you will have completed by the time you are planning to serve in AmeriCorps

List all schools after high school that you have attended, including trade or technical schools, military training, and Employment training programs (or current high schools):

Name of School (List most recent first)	Location of School (City/State)	Dates Attended		Major Area of Study	Type of Degree or Certificate	Date Received or Expected
		From Mo./Yr.	To Mo./Yr.			

LIST COMMUNITY SERVICE

VOLUNTEER RECRUITMENT:

It is mandatory for AmeriCorps members to recruit (2) two Community Volunteers for Capacity Building, resource and leverage to engage on service projects in making a difference in our community.

It is mandatory for AmeriCorps members to submit community volunteer names and hours to Program Director and enter into monthly Volunteer AmeriCorps Portal System (VGAPS) for **CAPACITY BUILDING** for compliance.

Describe how you have reached out to help others and/or how you have been involved in your own community. Elaborate on why you have decided to serve or get involved, and what you received in return-that is, what you learned or how it made you feel. Think in broad terms. Attach a separate sheet of paper if you need more space.

If you have served in an organization, please indicate it below. List your most recent activity first. Attach a separate sheet of paper if you need more space.

DATES OF INVOLVEMENT: Organization Name: _____
From (MM/YY): Address/Email: _____
To (MM/YY): Phone/Cell: _____
Hours Per Month: Contact Person: _____
Description of Involvement:

DATES OF INVOLVEMENT: Organization Name: _____
From (MM/YY): Address/Email: _____
To (MM/YY): Phone/Cell: _____
Hours Per Month: Contact Person: _____
Description of Involvement:

DATES OF INVOLVEMENT: Organization Name: _____
From (MM/YY): Address/Email: _____
To (MM/YY): Phone/Cell: _____
Hours Per Month: Contact Person: _____
Description of Involvement:

EMPLOYMENT: List and briefly describe the last three positions you have held. Begin with the current or most recent and go back ten years. Include self-employment, internships/fellowships, home management, and full/part-time or unpaid work experience. (You may attach a resume instead if it addresses the information below.)

A.

Present or Last Employer/Organization:	<u>Dates</u> From (MM/YY): To (MM/YY):	Duties:
Address:	Hours Per Week:	
Supervisor:	Job Title	
Phone/Cell:	Email:	
Reason For Leaving:		

B.

Present or Last Employer/Organization:	<u>Dates</u> From (MM/YY): To (MM/YY):	Duties:
Address:	Hours Per Week:	
Supervisor:	Job Title	
Phone/Cell:	Email:	
Reason For Leaving:		

C.

Present or Last Employer/Organization:	<u>Dates</u> From (MM/YY): To (MM/YY):	Duties:
Address:	Hours Per Week:	
Supervisor:	Job Title	
Phone/Cell:	Email:	
Reason For Leaving:		

Explain any period of time greater than six months not accounted for by work, school, or military service.

MEDIA RELEASE FORM

In good and valuable consideration, the receipt of which is hereby acknowledged, I hereby give Serve Guam Commission and AmeriCorps Program of which, their legal representatives and assigns, those for whom they are acting and those acting with their authority or permission, the right and permission to use, re-use and/or publish my photo(s) in whole or in part, or composite or distorted in character or form, without restrictions thereof in color or otherwise made through any media at their studios or elsewhere for art, advertising, trade or any other purpose whatsoever. I consent to the use of any printed matter in conjunction therewith. I hereby waive any right that I may have to inspect and/or approve the finished product(s) or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied. I, hereby release, discharge, and agree to save harmless Serve Guam Commission and AmeriCorps Program their legal representatives or assigns, and all person acting under their permission or authority or those for whom they are acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the use of said photo(s) or in subsequent procession thereof, as well as any publication thereof. I hereby warrant that I am over 18 years of age and have every right to contract my name in the above regard, I further state that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents thereof.

PRINT NAME: _____ SIGNATURE/DATE: _____

Address: _____

Street Address City State Zip Code

Acknowledged by Program Director/Signature: _____ Date: _____

FOR MINORS

I hereby affirm that I am the parent/guardian of (Print Name) _____, and I hereby consent that each of the photos furnished by Serve Guam Commission and AmeriCorps Program may be used in the matter as described above.

PRINT NAME: _____ SIGNATURE/DATE: _____

Address: _____

Street Address City State Zip Code

Acknowledged by Program Director/Signature: _____ Date: _____

AMERICORPS SPECIAL PROVISIONS—PROHIBITIVE ACTIVITIES

While charging time to the AmeriCorps program, accumulating service or training hours, or otherwise performing activities supported by the AmeriCorps program or CNCS, staff and members may not engage in the following activities (see 45 CFR § 2520.65):

- a. Attempting to influence legislation;
- b. Organizing or engaging in protests, petitions, boycotts, or strikes;
- c. Assisting, promoting, or deterring union organizing;
- d. Impairing existing contracts for services or collective bargaining agreements;
- e. Participating in, or endorsing, events or activities that are likely to include advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials.
- f. Engaging in religious instruction, conducting worship services, providing instruction as part of a program that includes mandatory religious instruction or worship, constructing or 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.
- g. Providing a direct benefit to: i) a business organized for profit; ii) a labor union; iii) a partisan political organization; iv) a nonprofit organization that fails to comply with restrictions contained in section 501©(3) of Internal Revenue Code of 1986 related to engaging in political activities or substantial amount of lobbying except that nothing in these provisions shall be construed to prevent participants from engaging in advocacy activities undertaken at their own initiative; and v) an organization engaged in the religious activities described in paragraph 3.g. above, unless CNCS assistance is not used to support those religious activities.
- h. Conducting a voter registration drive or using CNCS funds to conduct a voter registration drive.
- i. Providing abortion services or referrals for receipt of such services; and
- j. Such other activities as CNCS may prohibit

AMERICORPS MEMBERS MAY NOT ENGAGE in the above activities directly or indirectly by recruiting, training, or managing others for the primary purpose of engaging in one of the activities listed above. Individuals may exercise their rights as private citizens and may participate in the activities listed above on their initiative, on non-AmeriCorps time, and using non-CNCS funds. Individuals should not wear the AmeriCorps logo while doing so.

AMERICORPS MEMBERS MAY NOT USE CELLPHONES WHILE EARNING SERVICE HOURS. This includes time at the site, training sessions, planning sessions, meetings and community service projects. All electronic devices will be turned in to Program Director/Site Supervisor before start of service. Electronic devices are a major distraction; they are disruptive and restricts the member from being actively engaged in service related activities. Three (3) warnings will be issued for non compliance and may result in termination.

NON-DISCRIMINATION PUBLIC NOTICE AND RECORDS COMPLIANCE:

It is against the law for organizations that receive federal financial assistance from the Corporation for National and Community Service to discriminate on the basis of race, color, national origin, disability, sex, age, political affiliation, or, in most cases, religion. It is also unlawful to retaliate against any person who, or organization that, files a complaint about such discrimination. In addition to filing a complaint with local and state agencies that are responsible for resolving discrimination complaints, you may bring a complaint to the attention of the Corporation for National and Community Service. If you believe that you or others have been discriminated against, on the basis of race, color, national origin, gender, age, disability the member will be immediately notified in writing of his/her right to file a discrimination complaint with the Guam Department of Labor (GDOL), Fair Employment Practice Office (FEPO). (In general, the member has 180 days after the alleged discrimination to file a complaint with the FEPO Tel. 671-300-4544).

NOTES: