



AmeriCorps

RVA Health Corps

September 2023 – August 2024

Thank you for your interest in the City of Richmond's RVA Health Corps AmeriCorps Program, a federally funded grant initiative aimed at making positive, impacting change at the local level.

We are looking for a team of individuals whose primary motivation for seeking the position is a desire to help the community and is not solely financial. AmeriCorps members receive a living allowance (or stipend) which is disbursed evenly over the service term, and an education award at the successful conclusion of their assignment. Terms of service begin in September 2023 and conclude in August 2023. Below are the descriptions of the program roles, service hour requirements, and monetary living allowances for the service commitment.

The living allowance listed below is determined by our grant and is non-negotiable. **Therefore, please seriously consider these the compensation levels level. If you are still interested in this position, we invite you to complete the application.**

Position Summary

Community Health Workers

"Improving communities by connecting residents to health care services and organizations"

The city of Richmond's RVA Health Corps AmeriCorps Program will onboard sixteen (16) Richmond residents who will serve as AmeriCorps members, delivering direct services to vulnerable neighborhoods as Community Health Workers (CHWs). CHWs are public health workers who typically reside in the communities they serve, connecting individuals and families with health care systems and serving as frontline public health professionals who help to bring care and healing to those in need with duties such as:

- Home and/or community building visits
- Health and nutrition education
- Mental health literacy
- Informal chronic disease counseling and referrals to healthcare providers and local health agencies
- First aid
- Treatment of simple or common illnesses
- Community enhancement activities

Benefits

- Full Time: Serve 1700 hours/year = 34 hours/week
- Receive a \$17,600.00 living allowance (taxable, \$676.92 paid bi-weekly)
- Health Insurance (available to members not covered by a healthcare policy)
- Child Care (available to members who qualify based on AmeriCorps' policy)

Application Requirements

- All applicants must be at least 17 years of age.
- Applicants are not required to have a high school degree but must be committed to obtain their GED by the end of the program year. Additionally, no prior health-related job experience is required.
- Full Time applications must be submitted by July 31, 2023.

Completed applications must be emailed to:

Paul Manning
AmeriCorps Program Director
Office of Community Wealth Building [OCWB]
AmeriCorps Program
900 E. Broad Street, Ste.1502
Richmond, VA 23219
Email: Paul.Manning@rva.gov
Office: (804) 646-6528

The City of Richmond is an Equal Opportunity Employer and does not discriminate against applicants or employees on the basis of race, color, religion, sex, national origin, age, disability, veteran status, or any other protected status as defined in local, state, or federal law.

Sites

The city of Richmond's RVA Health Corps AmeriCorps program has multiple community organizations that serve as host sites for the sixteen AmeriCorps members. Please check the box next to the site(s) that you may be interested in serving as an AmeriCorps member.

Site preferences are not guaranteed to applicants.

Bon Secours Hospital → 5 AmeriCorps members

A hospital with a commitment to be of service to all who need care and help, especially the poor, underserved and dying.

La Casa de la Salud (LCS) → 4 AmeriCorps Members

A nonprofit organization created in 2014 to help eliminate barriers to accessing health information, health services, and prevention programs by the Hispanic community.

CHW Strength → 4 AmeriCorps members

A Small, Women-owned, and Minority-owned Business (SWaM) specializing in strengthening CHW programs.

Richmond Henrico Health Districts [RHHD] → 2 AmeriCorps Members

The Virginia Department of Health's combined agencies serving the city of Richmond and Henrico County, providing a multitude of services and information to residences of both municipalities.

VCU Health Hub at 25th → 1 AmeriCorps Member

Virginia Commonwealth University's (VCU) education and wellness activity center for residents living in Richmond's East End, providing activities that promote individual and community health and well-being while learning together.

Personal Information

Please print all information and complete all sections of this application and provide a signature where requested.

Legal name _____

Last

First

Initial

Address: _____

Street

City

State

Zip

Telephone () _____ - _____

Mobile () _____ - _____

Email address: _____

Date of Birth: _____

Social Security Number: _____

How did you hear about this position?: _____

Citizenship Status (Please check only one)

U.S. Citizen by birth

U.S. Citizen by naturalization

Alien permanent resident

Are you legally authorized to work in the United States?

Yes

No

Educational Background

(Begin with most recent)

Name and Address of School	Years Attended	Degree	Major Field	Graduated? (Y/N)

Employment History

(Include all prior employment (even if you plan to attach your resume) and begin with most recent.)

Employer: _____ Phone () _____ - _____

Address _____

Supervisor: _____ Position: _____

Duties: _____

Type of Employment (FT/PT/Temp): _____

Reason for leaving: _____

Dates of Employment: _____ Starting Rate of Pay: _____ Last Rate of Pay: _____

Employer: _____ Phone () _____ - _____

Address _____

Supervisor: _____ Position: _____

Duties: _____

Type of Employment (FT/PT/Temp): _____

Reason for leaving: _____

Dates of Employment: _____ Starting Rate of Pay: _____ Last Rate of Pay: _____

Employment History, cont'd.

Employer: _____ Phone () _____ - _____

Address _____

Supervisor: _____ Position: _____

Duties: _____

Type of Employment (FT/PT/Temp): _____

Reason for leaving: _____

Dates of Employment: _____ Starting Rate of Pay: _____

Reference

Name: _____

Name: _____

Company: _____

Company: _____

Address: _____

Address: _____

Telephone Number: _____

Telephone Number: _____

Number of Years Acquainted: _____

Number of Years Acquainted: _____

Name: _____

Company: _____

Address: _____

Telephone Number: _____

Number of Years Acquainted: _____

****Personal Statement****

(Must be included in application)

****Personal Statement** (Must be included in application)****

On a separate page, type or print legibly a 400-word statement explaining (i) what you will contribute to this AmeriCorps program, (ii) how the experience will advance your personal and professional goals and (iii) what the term commitment means to you. Please spend time preparing your statement. Be thoughtful and honest in preparing your answer. Attach your personal statement to your application. **Applications without a Personal Statement will not be considered**

Screening and Background Check

Please note: Prior to admission to the program, all candidates will be required to submit to substance use screening, national sex offender registry check and FBI and Criminal checks. Candidates selected for an interview will be requested to provide state issued identification to properly conduct the National Sex Offender Registry Check.

I, _____, give City of Richmond Office of Community Wealth Building's [OCWB] AmeriCorps RHOPES program permission to obtain a Criminal History Record/Sex Offender & Crimes against Minors Registry Search, VA State Police, State of Residency, if applicable, a FBI fingerprint background check and a drug and alcohol screening as a condition of my acceptance and service. I understand that this information will be maintained in my file and will remain confidential.

Legal First Name: _____

Legal Middle Name: _____

Legal Last Name: _____

Signature: _____

Date: _____

Applicant Certification

I certify and affirm that the information provided by me during interviews, on this application and all other related documents to be true in all respects, and I further understand that any false or misleading statements or omissions, whenever discovered, will be grounds for immediate termination from further consideration or termination from service in the program.

I understand and agree that nothing in this Application or anything conveyed during any interviews is intended to create a contract for acceptance. If accepted, I agree to conform to the guidelines and policies of this City of Richmond's Office of Community Wealth Building's [OCWB] AmeriCorps RHOPES program.

I understand that I or the City of Richmond OCWB AmeriCorps RHOPES program may terminate my service at any time, with or without cause, and that any assurances of continued service, whether written, oral or by conduct, shall not be interpreted as changing the "at will" nature of my service.

I understand that if I am accepted in the program, I will be required to satisfy the requirements of the Immigration and Control Act by showing eligibility for legal employment in the U.S. before my first day of orientation.

I understand that the City of Richmond's OCWB AmeriCorps RHOPES program will conduct a routine background investigation in connection with my application including but not limited to a criminal background check.

I understand that I will be subject to random drug screenings throughout my service.

I authorize the City of Richmond OCWB's AmeriCorps RHOPES program to verify all references and information provided by me in this application. I release the City of Richmond and the RHOPES program and any person or company responding to any reference or request for information from any claim or liability regarding any information or opinion supplied.

Applicant's Signature

Date