



Flower City AmeriCorps

Member Application



City of Rochester, NY
Lovely A. Warren, Mayor

Personal Information

Name (first, middle, last):

Phone Number:

Home Address:

Email:

AmeriCorps members must be a United States citizen, U.S. National or Lawful Permanent Resident. Are you a United States citizen, national, or lawful permanent resident alien?

Yes No

If relocating to the Rochester area, date you will relocate?

If you are a lawful permanent resident alien and you received your card after January 1987, what is your registration number and card expiration date?

Date of Birth:

Social Security Number:

Do you have a current driver's license with a clean record? Yes No

Do you have daily access to a vehicle? Yes No

Are you interested in:
 Part-time service
 Full-time service

T-Shirt Size (S-3X):

Educational History

Highest level of education completed:

Some high school High school diploma or GED Some college Associate's degree

Technical school/Apprenticeship Bachelor's degree Graduate degree

Other (please specify): _____

List all schools after high school that you have attended, including trade or technical schools, military training and employment training programs

Name of School (List most recent first)	Location of school (City State)	Dates Attended		Major/Area of Study	Type of certificate or degree received	Date of completion
		From (month/year)	To (month/year)			

What are your career goals?

Are you conversational in a second language?

No Yes Language: _____

Type of language experience:

Speaking Reading Writing

Schedule

Will you be a **student** this coming year? Yes No Schedule:

Will you be **employed** this coming year? Yes No Schedule:

Indicate below any hours between 8AM and 9PM each day you will **not** be available to work

Monday	Tuesday	Wednesday
Thursday	Friday	Saturday

Experience (Service & Employment)

Have you previously served in the military? Yes No

If yes, when did you serve? from _____ to _____

Have you previously served in AmeriCorps State, National, NCCC or VISTA? Yes No

If yes, where did you serve? _____ When did you serve? from _____ to _____

List and briefly describe the last four employment/service experiences you have had in the last ten years. Begin with the current or most recent and go back ten years. Include self-employment, internships/fellowships, home management, and full- or part-time paid work experience, and long term service commitments.

(You may attach a resume instead if it addresses the information requested below.)

Organization (name, city, state)	Supervisor (name, phone)	Dates		Title and Responsibilities
		From (month/year)	To (month/year)	

Skills: Please mark all of the skills or experience that you have to offer AmeriCorps

- | | | |
|--|---|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Case Management | <input type="checkbox"/> Client Intake/Interviewing |
| <input type="checkbox"/> College Prep | <input type="checkbox"/> Conflict Resolution/Counseling | <input type="checkbox"/> Youth Development |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Fine Arts/Crafts | <input type="checkbox"/> Media Production |
| <input type="checkbox"/> Meeting/Workshop Facilitation | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Recruitment/Outreach |
| <input type="checkbox"/> Teaching/Tutoring | <input type="checkbox"/> Volunteer Coordination | <input type="checkbox"/> Writing/Editing |

Service Interests: Please mark the types of service in which you are most interested.

- | | | |
|---|---|---|
| <input type="checkbox"/> Early Childhood Development | <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Job Training | <input type="checkbox"/> Mentorship | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Training/Workshop Facilitation | <input type="checkbox"/> Childhood Literacy | <input type="checkbox"/> Community Organizing |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Volunteer Coordination and Recruitment | <input type="checkbox"/> Youth Development |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Food Justice/Hunger Relief | <input type="checkbox"/> Other: _____ |

References

Please provide the name and contact information of three references. Select people who know you well and who are familiar with your personal background, education, employment, and/or professional skills.
You should **not** ask a family member, peer, or friend to serve as a reference.

1. Name : _____ Relationship: _____
Phone : _____
2. Name: _____ Relationship: _____
Phone : _____
3. Name : _____ Relationship: _____
Phone : _____

Applicant Statement

I declare that all statements made in this application (and any accompanying attachments) are true and complete to the best of my knowledge. Any false statements made on this application or in subsequent interviews will result in immediate rejection or discharge from Flower City AmeriCorps. I authorize Flower City AmeriCorps to contact school/college and former employers cited in this application or attachments in order to verify work record and/or educational credentials. I understand that acceptance of this application by Flower City AmeriCorps does not constitute or imply a commitment or willingness to offer me an AmeriCorps member position.

Signature _____

Date _____

Please complete motivation statement on back of this page

Motivation

We would like to understand more about you and your reasons for applying to AmeriCorps. Take a few minutes and consider those experiences which have made you the person you are today. Please share with us one of these experiences and how it sparked your interest in community service. If you need additional space, attach a separate piece of paper and limit your total response to 500 words.

Complete applications should be submitted to:

**Flower City AmeriCorps
City of Rochester Bureau of Recreation
c/o Brandi Remington
400 Dewey Avenue
Rochester, NY 14613
585-428-9342**