

Flower City AmeriCorps Member Application

Learn more about a Year of Service visit <u>www.nationalservice.gov</u> or <u>www.cityofrochester.gov/americorps</u>

Personal Information							
Name (first, middle, last):							
Mailing Address (street, city, state, zip):							
Email:							
Phone Number:			T-Shirt Size (S-3X):				
Date of Birth:			Social Security Nu	Social Security Number:			
AmeriCorps members must be a Resident. Are you a United Stat					Yes No		
Do you have a current driver's l	icense with a clear	n record?			Yes No		
Do you have daily access to a ve					Yes No		
. , ,							
AmeriCorps Service Interests							
Are you interested in:	Par	rt-time service		Full-tim	ne service		
Please m	ark the types of a	pprenticeship of	opportunities that yo	u are inter	ested in:		
Youth Development	Economic Op	portunity	Community Bui	Iding	Health and Wellness		
Early Childhood Literacy	□ Micro-lending		□ Police/Community		□Food Pantries		
\Box Arts Education	small/new bus		Relations		□ Community Gardening		
Employment			Community Organizing		□ Primary Health Navigation		
□ Leadership Development					□ Primary Health Navigation		
□ Outdoor Education	_		□ Environmental Justice &				
□ Mentorship			Awareness				
□ Education		LES	Awareness				
Other:							
Skills: Ple			ience that you have				
Advocacy	🗆 Gar	dening/Enviror	mentalism	🗆 Recruitr	ment/Outreach		
Computer Literacy				🗆 Resume	e Building/Writing		
□ Conflict Resolution/Counseling □ Professionalism				🗆 Teamwo	ork/Collaboration		
□ Creativity □ Problem Solving				🗆 Volunte	er Coordination		
Customer Service Public Speaking/Group Facilitation Youth Development					Development		
Event Planning							
Service Experience							
Have you previously served in the military?							
Have you previously served in AmeriCorps No Yes How many service terms?							
State, National, NCCC or VISTA? Did you successfully complete your service year(s)? Yes No							



Briefly describe the last four employment/service experiences. Include self-employment, internships/fellowships, home management, full or part-time paid work experience, and/or long-term service commitments. (You may attach a resume instead if it addresses the information requested.)

Organization	Supervisor	Dates From To		Title and Responsibilities
(Name, City, State)	(Name, Phone, Email)	From (Month/Year)	To (Month/Year)	·····

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. <i>Include at least one previous supervisor.</i> You should <u>not</u> ask a family member, peer, or friend to serve as a reference.							
1.	Name :	Relationship: Supervisor	Phone :				
2.	Name :	Relationship:	Phone :				
3.	Name :	Relationship:	Phone :				

Educational History								
Highest level of education completed:								
	High Sch	lool						
Some High School	Diploma/GI	ED/TASC		al School/Apprenticeshi	p 🗌 Associa	ate's degree		
Bachelor's degree		e degree		Other (please specify):				
	Please tell us about your education experience. Include secondary and/or post-secondary education, as well as, trade or technical schools, military training and employment training programs							
Name of School Location of School Dates			ttended	Major/Area of Study	tudy Certificate Date of			
(List Most Recent First)	(City, State)	From (Month/Year)	To (Month/Year)		or Degree	Completio		
		(, ,	(, ,		Received	n		
Are you conversationa	al in a second langu	lage?	Type of lang	uage experience:				
No Yes Language: Speaking Reading Writing								
		Sche	dule					
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 be available to work:								
Monday	-	Tuesday	σεινι εά <i>с</i> π αά	Wednesday				
				1				

Friday

Saturday

Thursday

Motivation Statement

We would like to understand more about you and your reasons for applying to Flower City AmeriCorps. Please tell us more about your personal and professional goals, and why an apprenticeship in the human service field is the perfect next step for you. If you need additional space, attach a separate piece of paper and limit your total response to 500 words.

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 schools, colleges and former employers cited in this application (or attachments) in order to verify my 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. If offered an AmeriCorps member position, I agree to submit to a state and federal background check.

Signature:

Date:

Complete applications should be submitted to:

Flower City AmeriCorps, Bureau of Employment Skills Training City of Rochester- Department of Recreation and Youth Services c/o Romanda Gibson-Stevenson Central Public Library, 115 South Avenue Rochester, New York 14604