Flower City AmeriCorps Member Application

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

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 Number:
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
Do you have a current driver's license with a clean record?	☐ Yes ☐ No
Do you have daily access to a vehicle?	☐ Yes ☐ No

AmeriCorps Service Interests

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

Please mark the types of apprenticeship opportunities that you are interested in:

Youth Development	Economic Opportunity	Community Building	Health and Wellness
☐ Early Childhood Literacy	☐ Micro-lending (supporting small/new businesses)	☐ Police/Community Relations	☐ Food Pantries
☐ Arts Education	☐ Recovery/Reintegration	☐ Community Organizing	☐ Community Gardening
☐ Employment	☐ Job Coaching	☐ Housing	☐ Primary Health Navigation
☐ Leadership Development	☐ Skills Training/Assessment	☐ Environmental Justice & Awareness	☐ Recreation
☐ Outdoor Education	☐ Refugee Services		☐ Accessibility
☐ Mentorship			
☐ Education			

Other:

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

☐ Advocacy	☐ Gardening/Environmentalism	☐ Recruitment/Outreach
☐ Computer Literacy	☐ Mentoring	☐ Resume Building/Writing
☐ Conflict Resolution/Counseling	☐ Professionalism	☐ Teamwork/Collaboration
☐ Creativity	☐ Problem Solving	☐ Volunteer Coordination
☐ Customer Service	☐ Public Speaking/Group Facilitation	☐ Youth Development
☐ Event Planning		

Service Experience

Have you previously served in the military?	☐ **No** ☐ **Yes** from _____ to _____
Have you previously served in AmeriCorps State, National, NCCC or VISTA?	☐ **No** ☐ **Yes** How many service terms? _____ 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 *(Name, City, State)*	**Supervisor** *(Name, Phone, Email)*	**Dates** From (Month/Year)	To (Month/Year)	**Title and Responsibilities**

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. ***Include at least one previous supervisor.*** You should **not** 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:

☐ Some High School ☐ High School Diploma/GED/TASC ☐ Technical School/Apprenticeship ☐ Associate's degree
☐ Bachelor's degree ☐ Graduate 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 (List Most Recent First)	Location of School (City, State)	Dates Attended		Major/Area of Study	Certificate or Degree Received	Date of Completion
		From (Month/Year)	To (Month/Year)			

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 be available to work:

Monday	**Tuesday**	**Wednesday**
Thursday	**Friday**	**Saturday**

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: _____

Completed 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