



Flower City AmeriCorps Member Application

Learn more about a Year of Service visit www.nationalservice.gov or www.cityofrochester.gov/ameri-corps

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

- ☐ Early Childhood Literacy
- ☐ Arts Education
- ☐ Employment
- ☐ Leadership Development
- ☐ Outdoor Education
- ☐ Mentorship
- ☐ Education

Economic Opportunity

- ☐ Micro-lending (supporting small/new businesses)
- ☐ Recovery/Reintegration
- ☐ Job Coaching
- ☐ Skills Training/Assessment
- ☐ Refugee Services

Community Building

- ☐ Police/Community Relations
- ☐ Community Organizing
- ☐ Housing
- ☐ Environmental Justice & Awareness

Health and Wellness

- ☐ Food Pantries
- ☐ Community Gardening
- ☐ Primary Health Navigation
- ☐ Recreation
- ☐ Accessibility

Other:

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Gardening/Environmentalism | <input type="checkbox"/> Recruitment/Outreach |
| <input type="checkbox"/> Computer Literacy | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Resume Building/Writing |
| <input type="checkbox"/> Conflict Resolution/Counseling | <input type="checkbox"/> Professionalism | <input type="checkbox"/> Teamwork/Collaboration |
| <input type="checkbox"/> Creativity | <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Volunteer Coordination |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Public Speaking/Group Facilitation | <input type="checkbox"/> Youth Development |
| <input type="checkbox"/> 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 To (Month/Year) (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 Completi on
		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

[illegible]

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: _____

**Flower City AmeriCorps, City of Rochester- Department of
Recreation and Youth Services c/o Sara Scott
400 Dewey Ave.
Rochester, New York 14613**