



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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a current driver's license with a clean record? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have daily access to a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	

AmeriCorps Service Interests			
Are you interested in: <input type="checkbox"/> Part-time service <input type="checkbox"/> Full-time service			
Please mark the types of apprenticeship opportunities that you are interested in:			
<u>Youth Development</u> <input type="checkbox"/> Early Childhood Literacy <input type="checkbox"/> Arts Education <input type="checkbox"/> Employment <input type="checkbox"/> Leadership Development <input type="checkbox"/> Outdoor Education <input type="checkbox"/> Mentorship <input type="checkbox"/> Education	<u>Economic Opportunity</u> <input type="checkbox"/> Micro-lending (supporting small/new businesses) <input type="checkbox"/> Recovery/Reintegration <input type="checkbox"/> Job Coaching <input type="checkbox"/> Skills Training/Assessment <input type="checkbox"/> Refugee Services	<u>Community Building</u> <input type="checkbox"/> Police/Community Relations <input type="checkbox"/> Community Organizing <input type="checkbox"/> Housing <input type="checkbox"/> Environmental Justice & Awareness	<u>Health and Wellness</u> <input type="checkbox"/> Food Pantries <input type="checkbox"/> Community Gardening <input type="checkbox"/> Primary Health Navigation <input type="checkbox"/> Recreation <input type="checkbox"/> 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?	<input type="checkbox"/> No <input type="checkbox"/> Yes from _____ to _____
Have you previously served in AmeriCorps State, National, NCCC or VISTA?	<input type="checkbox"/> No <input type="checkbox"/> Yes How many service terms? _____ Did you successfully complete your service year(s)? <input type="checkbox"/> Yes <input type="checkbox"/> 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		Title and Responsibilities
		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. **Include at least one previous supervisor.** You should **not** ask a family member, peer, or friend to serve as a reference.

- Name : _____ Relationship: **Supervisor** Phone : _____
- Name : _____ Relationship: _____ Phone : _____
- Name : _____ Relationship: _____ Phone : _____

Educational History

Highest level of education completed:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Some High School | <input type="checkbox"/> High School Diploma/GED/TASC | <input type="checkbox"/> Technical School/Apprenticeship | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Graduate degree | <input type="checkbox"/> 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

