



**“Your community... Your chance to make it better.”**

To learn more about  
Rochester AmeriCorps contact us:

**Rochester AmeriCorps  
Damon City Campus  
228 East Main St., Room 5232  
Rochester, NY 14604  
(585) 262-1778**

*[www.RochesterAmeriCorps.org](http://www.RochesterAmeriCorps.org)*

The enclosed materials are being provided to give you information about the Rochester AmeriCorps Program, which begins its next term of service in September, 2009. These materials can also be used to apply for an eight-week term of service to run from June 22—August 16, 2009.

Rochester AmeriCorps provides an assortment of services focused on public safety. Members are placed in a variety of local organizations to carry out activities in the areas of youth development, violence prevention, victim assistance, and other community safety initiatives.

By joining Rochester AmeriCorps, individuals are addressing some of the community's most urgent needs through service. Enrollment in AmeriCorps is a **FULL TIME COMMITMENT** (35 - 40 hours each week) to provide service to the community for eight weeks (summer enrollment) or one full year. In return, members receive specialized training, a biweekly living allowance of \$456 (before taxes) and, if eligible, individual medical coverage, a child-care subsidy, and student loan forbearance. Upon completion of all program requirements, each AmeriCorps member receives an education award of \$4,725 (\$1,000 for summer enrollment) that can be used to pay for future college expenses or vocational training, or to pay back existing student loans.

While there is no typical AmeriCorps member, those selected for enrollment demonstrate a commitment to serve, a willingness to use their time and abilities to improve the lives of others, and an interest in learning new skills.

If you have any questions about the program, please feel free to call us at **585-262-1778** or visit our web site: **[www.RochesterAmeriCorps.org](http://www.RochesterAmeriCorps.org)**. We appreciate your interest in Rochester AmeriCorps.

**“Everybody can be great because everybody can serve.”**

—Dr. Martin Luther King Jr.

# Information Sheet and Checklist

**Although we do not have a set deadline for applying to our program, we encourage you to submit your application as soon as possible.**

## **For your application to be considered, you must be:**

- At least 17 years old (no maximum)
- Out of high school
- Willing to commit to a full year of service
- Available to serve 35-40 hours per week

## **How are members selected?**

- Written applications are numerically scored
- Selected candidates are interviewed
- Reference checks are completed
- Criminal background checks are conducted

## **Benefits:**

- Education award of **\$4,725** upon program completion
- Bi-weekly living allowance of **\$456** before taxes
- Specialized training
- Student loan forbearance—*if eligible*
- Medical coverage—*if eligible*
- Child-care subsidy—*if eligible*

## **Please read this information before completing the application & check off when complete:**

- Attach an additional sheet for your community service (Section II) if necessary.
- Attach an additional sheet for your employment record (Section III) if necessary.
- Attach an additional sheet for your skills & experience (Section IV) if necessary.
- Attach your motivational statement (Section V).
- Attach a sheet specifying date(s) & type(s) of any criminal convictions (Section VI) if applicable
- Make sure we have complete information for **three** references who are **NOT FRIENDS OR FAMILY MEMBERS** (Section VII).
- Sign and date your application.

# Rochester AmeriCorps Application

## Section I: Personal Profile

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

Are you a United States citizen, national, or lawful permanent resident alien?  Yes  No  
All applicants accepted by the program **must** provide proof of citizenship (birth certificate or passport) or INS documentation

DATE OF BIRTH: \_\_\_\_\_  
MONTH / DAY / YEAR

### CURRENT ADDRESS:

All information will be sent to this address unless you notify us of a change.

NUMBER AND STREET APARTMENT

CITY STATE ZIP CODE

Home Phone ( ) Cell Phone ( )

E-Mail \_\_\_\_\_

**ALTERNATE CONTACT:** Please give the following information a person through whom you can always be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
FIRST LAST

NUMBER AND STREET

CITY STATE ZIP CODE

Home Phone ( ) Alt. Phone ( )

E-Mail \_\_\_\_\_

**EDUCATION:** Check the highest level of education you will have completed by the time you plan to serve in Rochester AmeriCorps. (Check only one.)

- Graduate/Professional degree received
- Graduate/Professional degree in progress
- Bachelor's degree received
- Bachelor's degree in progress
- Associate's degree received
- Associate's degree in progress
- Some college
- Technical/Vocational certificate
- High school graduate
- GED

*Beginning with the most recent, list all schools attended. Include college, vocational school, high school, etc.*

Name of School	Location City/State	Dates Attended	Area of Study Major/Minor	Type of Degree Date Received

Will you be enrolled as a student during your term of service?  Yes  No

If yes, full-time or part-time? \_\_\_\_\_ Where? \_\_\_\_\_

## Section II: COMMUNITY SERVICE AND VOLUNTEER EXPERIENCE

How have you been involved in your community? Include volunteer experience in, school, professional, church, social and neighborhood programs and projects. Activities could include coaching, community outreach, community policing, tutoring, etc. *Include the organization name, location, dates, and phone number. List your most recent activity first. **Attach a separate sheet of paper if you need more space.***

DATES OF INVOLVEMENT: From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per month: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Involvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATES OF INVOLVEMENT: From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per month: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Involvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you previously applied to Rochester AmeriCorps?  Yes  No If yes, when: \_\_\_\_\_

Have you previously served in AmeriCorps?  Yes  No If yes, please complete:

Program Name: \_\_\_\_\_ Check all that apply:

- AmeriCorps\*VISTA  AmeriCorps\*NCCC  AmeriCorps\*State and National

Program Location: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Did you complete your term of service?  Yes  No

If no, why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Section III: EMPLOYMENT RECORD

(You may attach a resume instead only if it addresses all of the information requested below.) **Incomplete information may lower your numerical score.** List and briefly describe the last three positions you have held. Begin with the current or most recent . Include self-employment, home management, and full- or part-time paid or unpaid work experience. *Attach a separate sheet of paper if you want to provide information for additional positions you have held.*

Employer \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Name of supervisor \_\_\_\_\_ Phone number \_\_\_\_\_  
Dates employed From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per week \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact your current employer?  Yes  No  Not Currently Employed

Employer \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Name of supervisor \_\_\_\_\_ Phone number \_\_\_\_\_  
Dates employed From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per week \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Name of supervisor \_\_\_\_\_ Phone number \_\_\_\_\_  
Dates employed From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per week \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Explain any period of time greater than six months not accounted for by work, school, or military service.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are accepted, will you also be employed during your term of service?  Yes  No  
Employer's name \_\_\_\_\_  
Your work schedule \_\_\_\_\_

## Section IV: SKILLS AND EXPERIENCE

Listed below are skill areas that some programs find useful and may seek in applicants for AmeriCorps. Indicate the skill areas in which you have had training or experience, including volunteer or community service experience, and indicate how you gained those skills.

EXAMPLE:  Teaching/Tutoring \_\_\_\_\_ After-school homework club \_\_\_\_\_

- Communications \_\_\_\_\_
- Community Org./Development \_\_\_\_\_
- Computers/Technology \_\_\_\_\_
- Conflict Resolution \_\_\_\_\_
- Counseling \_\_\_\_\_
- Education \_\_\_\_\_
- Fine Arts/Crafts \_\_\_\_\_
- First Aid \_\_\_\_\_
- Fundraising/Grant Writing \_\_\_\_\_
- Law \_\_\_\_\_
- Leadership \_\_\_\_\_
- Public Speaking \_\_\_\_\_
- Recruitment \_\_\_\_\_
- Teaching/Tutoring \_\_\_\_\_
- Writing/Editing \_\_\_\_\_
- Youth Development \_\_\_\_\_
- Other (specify) \_\_\_\_\_

Do you know or have you studied any language other than English?  Yes  No

If Yes, Language: \_\_\_\_\_ Number of Years Studied or Spoken: \_\_\_\_\_

Speaking Ability:  Poor  Fair  Good  Excellent

Writing Ability:  Poor  Fair  Good  Excellent

In the space below or on a separate sheet of paper, provide any additional skills and experience that will help us evaluate your application.

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## Section V: MOTIVATIONAL STATEMENT

(Please answer on a separate piece of paper.)

- Why do you want to join Rochester AmeriCorps?
- What could you contribute to your AmeriCorps project?
- What do you hope to gain from serving as an AmeriCorps member?

## Section VI: LEGAL

A national criminal background check will be conducted for each potential member. Existence of a criminal conviction/adjudication may or may not, depending on the circumstances, disqualify you from consideration. However, misrepresentation of that record - lying or not telling the whole truth - will disqualify you.

1. Have you ever been convicted of, or plead guilty to, any offense by a civilian, military, or tribunal court? (Do not include minor traffic violations.)  Yes  No

**If yes, you must attach a sheet specifying the date(s) and type(s) of conviction(s).**

2. Are you now under charges for any offenses or are any civil suits or judgments pending against you? (Do not include charges for minor traffic offenses.)  Yes  No

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Charge: \_\_\_\_\_ Current Status: \_\_\_\_\_

3. Are you now on probation or parole?  Yes  No

4. If yes, provide the name, address and phone number of your

5. court, probation officer, or parole officer whom we can contact to verify the above information.

Name: \_\_\_\_\_ Phone number (include area code): \_\_\_\_\_

## Section VII: REFERENCES

**NOTE: All information MUST be filled in completely.**

You must list **three** individuals whom we may contact as references. We encourage you to list teachers, employers, counselors and community members who know you well enough to assess your qualifications for AmeriCorps.

**You may NOT list friends or relatives as references.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail: \_\_\_\_\_

Organization \_\_\_\_\_ Position/Title \_\_\_\_\_

In what capacity has this individual known you? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Organization \_\_\_\_\_ Position/Title \_\_\_\_\_

In what capacity has this individual known you? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Organization \_\_\_\_\_ Position/Title \_\_\_\_\_

In what capacity has this individual known you? \_\_\_\_\_

# THE FOLLOWING QUESTIONS ARE FOR PROGRAM INFORMATION AND PLANNING PURPOSES ONLY:

Ethnic background:

- |   |   |
|---|---|
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> White                              |
| <input type="checkbox"/> Hispanic origin          | <input type="checkbox"/> American Indian / Alaska Native    |
| <input type="checkbox"/> Asian American           | <input type="checkbox"/> Native Hawaiian / Pacific Islander |

Gender:  Male  Female

Will you need a child care subsidy?  Yes  No

If yes, for how many children? \_\_\_\_\_  
(Children must be under age 13 and you must be income eligible.)

Do you currently have health insurance?  Yes  No

Will you need health insurance if you are selected?  Yes  No

Do you have any special needs that require accommodation?  Yes  No

If yes, please specify \_\_\_\_\_

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Does your family receive any form of public assistance?  Yes  No

(The AmeriCorps living allowance is considered income against certain types of assistance)

If yes, please specify type(s) of assistance \_\_\_\_\_

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How did you hear about the Rochester AmeriCorps Program?

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Television       | <input type="checkbox"/> Radio             | <input type="checkbox"/> Career fair |
| <input type="checkbox"/> Friend           | <input type="checkbox"/> AmeriCorps Member | <input type="checkbox"/> College     |
| <input type="checkbox"/> Community agency | <input type="checkbox"/> High school       | <input type="checkbox"/> Newspaper   |
| <input type="checkbox"/> Poster           | <input type="checkbox"/> Other             |                                      |

Referred by \_\_\_\_\_

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Are you a resident of:  City of Rochester  Monroe County (outside of the City)  
 NYS but outside Monroe County  Outside NYS

## CERTIFICATION

By signing this application, you are stating that all of the information provided is true and answered to the best of your knowledge. **Falsification of information may be grounds for immediate dismissal from the AmeriCorps program.** Unsigned or incomplete applications will not be considered.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail or return completed application to:

**Rochester AmeriCorps  
Damon City Campus  
228 East Main Street, Room 5232  
Rochester, NY 14604**





# RELATIONSHIPS WITH OTHER PEOPLE

AmeriCorps members must serve with other participants and with people of varied cultural, economic, education, racial, and religious backgrounds. How would you rate the applicant's working relationships with other people? *Please check one.*

- Works well with others; can lead or follow as the occasion demands.
- Usually works well with others; can lead or follow in most situations.
- Has average working relationships with others.
- Has difficulty working with others.
- Does not work well with others.

AmeriCorps members are required to understand other people's viewpoints and problems and to communicate with people from differing backgrounds. Please comment briefly on the applicant's relationships with others and ability to work as a member of a team.

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# EMOTIONAL MATURITY

AmeriCorps members often serve in conditions of hardship and inconvenience. They must be able to deal with new and changing living conditions, limited financial resources, and considerable amounts of stress. With these considerations in mind, how would you rate the applicant? *Please check one.*

- Highly effective even in adverse situations and changing conditions.
- Able to adapt to adverse situations and changing conditions.
- About average in adapting to adverse situations and changing conditions.
- May not be able to perform well in adverse situations and changing conditions.
- Completely unable to handle adverse situations or adapt to changing conditions.

Please comment on the applicant's ability to adapt and work under difficult and changing conditions.

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# OVERALL RECOMMENDATION

What is your overall recommendation?

- I recommend the applicant without reservation as an excellent candidate for AmeriCorps service.
- I recommend the applicant as a good candidate for AmeriCorps service.
- I have some reservations, but I believe the applicant has a reasonable chance of success.
- I have some substantial doubts about the applicant.
- I do not recommend this applicant for AmeriCorps service.

# ADDITIONAL COMMENTS AND SUPPORTING INFORMATION

If you wish, use additional paper to explain any of your ratings, and anything else about this applicant that you feel is relevant to serving in AmeriCorps—such as the applicant’s desire to serve others, maturity, work ethic, flexibility, and dependability. Explain any reservations that you have regarding the applicant’s participation in the AmeriCorps program to which he or she has applied.

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Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM,  
IN A SEALED ENVELOPE SIGNED ACROSS THE SEAL,  
EITHER TO THE APPLICANT OR DIRECTLY TO:**

**Rochester AmeriCorps  
Damon City Campus  
228 East Main Street Room 5232  
Rochester, NY 14604**