

# 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 NUMBER

CITY STATE ZIP CODE

E-MAIL: \_\_\_\_\_

HOME PHONE: ( ) ALT. PHONE: ( )

**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
- Bachelor's degree
- Associate's degree
- 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 Received

Will you be enrolled as a student during your term of service?  Yes  No  
If yes, full-time or part-time? \_\_\_\_\_ Where? \_\_\_\_\_

## INTERESTS

In the space below, please provide your interests and any additional information that may be helpful in evaluating your application.

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## SECTION II: 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 \_\_\_\_\_ *Afterschool homework club*

- Business/Entrepreneur \_\_\_\_\_
- 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: \_\_\_\_\_ If yes, number of years studied or spoken: \_\_\_\_\_

If yes, speaking ability:  Poor  Fair  Good  Excellent

If yes, writing ability:  Poor  Fair  Good  Excellent

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

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## SECTION III: EMPLOYMENT RECORD

**Incomplete information may lower your numerical score.** List and briefly describe the last four positions you have held. Begin with the current or most recent. Include self-employment, home management, and full- or part- time paid work experience. You may attach a resume but you must also complete this section. **Attach a separate sheet of paper if you would like 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 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 \_\_\_\_\_

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: MOTIVATIONAL STATEMENT

Please answer on the lined sheet of paper at the end of this packet. Attached additional sheets if necessary. We would like to understand more about you and your reasons for applying to AmeriCorps. Take a few minutes and consider those experiences that have made you the person you are today. Please share with us one of the experiences and how it sparked your interest in community service.

## SECTION V: WHY I VOLUNTEER

Please answer on the lined sheet of paper at the end of this packet. Attached additional sheets if necessary. Describe how you have reached out to help others and/or how you have been involved in your community. Explain why you serve or get involved, and what you receive in return – that is, what you have learned or how it has made you feel. Think in broad terms. Your involvement could include serving in neighborhood, school, religious, social, professional, or other volunteer groups; helping out with community service projects; or participating in less formal activities.

## SECTION VI: 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. Examples could include coaching, community outreach, tutoring, an internship, etc. *Include the organization name, location, dates, and phone number. List your most recent activity first. Attach a separate piece of paper if you need more space.*

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

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

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

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

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

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

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

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

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

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

Have you previously served in AmeriCorps?  Yes  No If yes, 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 VII: 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 tribal court?

(Do not include minor traffic violations.)  Yes  No

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

3. Are you now under charges for any offenses or are any civil suits or judgments pending against you?

(Do not include minor traffic violations.)  Yes  No

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

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

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

5. If yes, provide the name and phone number of your court probation or parole officer whom we can contact to verify the above information.

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

## SECTION VIII: PROFESSIONAL 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.**

1.) Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

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

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

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

2.) Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

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

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

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

3.) Name: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

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

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

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"/> America Indian/Alaska Native     |
| <input type="checkbox"/> Asian American         | <input type="checkbox"/> Native Hawaiian/Pacific Islander |

Gender:  Female  Male  Other: \_\_\_\_\_

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. \_\_\_\_\_

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. \_\_\_\_\_

How did you hear about the Rochester AmeriCorps Program?

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Television       | <input type="checkbox"/> Radio             | <input type="checkbox"/> College   |
| <input type="checkbox"/> Friend           | <input type="checkbox"/> AmeriCorps Member | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Community Agency | <input type="checkbox"/> High School       | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Poster           | <input type="checkbox"/> Career Fair       |                                    |

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

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

## SECTION IV: 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.

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*Signature*

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*Date*

*Mail or return completed application to:*

**Rochester AmeriCorps  
MCC Downtown Campus  
321 State Street, Suite 674  
Rochester, NY 14608**





