



## II. PERSONAL STATEMENTS

Please answer the following on a separate sheet (1 typed paragraph up to 500 word maximum **per question**):

1. What do you think are the three most serious problems facing our community?
2. Why do you want to join the YES AmeriCorps team?
3. If selected as a Member, what expectations do you have for this experience?
4. Describe your past experience working with youth.

## III. COMMUNITY ACTIVITIES

List and describe your community-based service experience. Include social, school, professional, and neighborhood programs.

Name of Group	Dates of Participation	Description of Activities

## IV. SKILLS

Check the boxes on the list below to indicate which areas you have had significant experience or training including volunteer or community service experience. **Briefly describe your experiences in each of the skill areas you checked on a separate sheet of paper.**

- |   |   |
|---|---|
| <input type="checkbox"/> Teaching/Tutoring/Mentoring            | <input type="checkbox"/> Working with At-Risk Youth                   |
| <input type="checkbox"/> Business/Management                    | <input type="checkbox"/> Child Care/Development                       |
| <input type="checkbox"/> Communication/Journalism               | <input type="checkbox"/> Public Speaking                              |
| <input type="checkbox"/> Counseling                             | <input type="checkbox"/> Health                                       |
| <input type="checkbox"/> Mediation/Conflict Resolution          | <input type="checkbox"/> Research                                     |
| <input type="checkbox"/> Social Services                        | <input type="checkbox"/> Victim Assistance                            |
| <input type="checkbox"/> Coaching                               | <input type="checkbox"/> Volunteer Coordination                       |
| <input type="checkbox"/> Multi-Cultural Awareness               | <input type="checkbox"/> AODA (Alcohol & Other Drug Abuse) Prevention |
| <input type="checkbox"/> CPR/First Aid                          | <input type="checkbox"/> Program Coordination/Evaluation              |
| <input type="checkbox"/> Bilingual Languages (Which Languages?) | <input type="checkbox"/> Public Safety/Homeland Security              |
| _____   | <input type="checkbox"/> Gang Prevention/Intervention                 |
| <input type="checkbox"/> Citizenship                            | <input type="checkbox"/> Gardening/Farming/Hunger Reduction           |
| <input type="checkbox"/> Other (specify) _____                  | <input type="checkbox"/> Computer Skills                              |

**V. EDUCATIONAL BACKGROUND**

What is the **highest grade level** of education that you have completed? (Check only one)

- Less than high school completed
- High school graduate
- Associate degree
- Graduate/Professional study
- Other (specify) \_\_\_\_\_
- G.E.D. or equivalent
- Some college or technical school
- Bachelor's degree
- Graduate/Professional degree

Beginning with the most recent, list all schools attended (i.e., high school, trade or technical schools, colleges, etc.)

Name of school	Location (City/State)	Dates Attended (MM/YR–MM/YR)	Area of Study (Major/Minor)	Degree/Cert. Date Received

**VI. REFERENCES**

Please provide the name, address, and telephone number of three references who are not related to you and are not previous employers.

Name	Address	City/State/Zip	Telephone
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**Private Act Notice:** The collection of the information on this application is authorized by provisions of Public Law 103-82, Subtitle E. The information may also be used for general purposes by Workforce Connections, Inc., YES AmeriCorps, and the State and National Commissions on National and Community Service, providing the information is voluntary. It will not be disclosed outside these described uses without written permission.

**VII. REFERENCES**

Are you currently employed?  Yes  No If yes, how many hours per week? \_\_\_\_\_

Please list your work experience (include: self-employment, home management, military service, full or part-time employment). Start with your most recent experience. Photocopy this page if additional space is needed.

Employer	Telephone ( )	Dates Employed		Summary of work and job duties
Address		From	to	
Job Title		Hourly Rate/Salary (optional)		
Supervisor		Starting	Final	
Reason for Leaving				
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Employer	Telephone ( )	Dates Employed		Summary of work and job duties
Address		From	to	
Job Title		Hourly Rate/Salary (optional)		
Supervisor		Starting	Final	
Reason for Leaving				
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Employer	Telephone ( )	Dates Employed		Summary of work and job duties
Address		From	to	
Job Title		Hourly Rate/Salary (optional)		
Supervisor		Starting	Final	
Reason for Leaving				
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**VIII. Certification**

*I hereby certify that the information provided on this application is correct to the best of my knowledge. I understand that any misinformation or material omission could result in unfavorable consideration or immediate dismissal. By signing below, I release this information for verification and evaluation purposes, including a criminal background check. I give YES AmeriCorps the right to investigate my criminal record, understanding that a criminal record is not necessarily a restriction to selection, as convictions will be considered only if they are substantially related to this particular position.*

Signature \_\_\_\_\_ Date \_\_\_\_\_