



# Flower City AmeriCorps

## Member Application



Learn more about a Year of Service and Flower City AmeriCorps by going to  
[www.americorps.gov](http://www.americorps.gov) and [www.cityofrochester.gov/ameriCorps](http://www.cityofrochester.gov/ameriCorps)

### Personal Information

Name (first, middle, last):			
Phone Number:		Home Address:	
Email:			
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		If relocating to the Rochester area, date you will relocate?	
If you are a lawful permanent resident alien and you received your card after January 1987, what is your registration number and card expiration date?		Date of Birth:	
		Social Security Number:	
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	Are you interested in: <input type="checkbox"/> Part-time service <input type="checkbox"/> Full-time service	T-Shirt Size (S-3X):

### Educational History

Highest level of education completed:						
<input type="checkbox"/> Some high school <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> Some college <input type="checkbox"/> Associate's degree						
<input type="checkbox"/> Technical school/Apprenticeship <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree						
<input type="checkbox"/> Other (please specify): _____						
List all schools after high school that you have attended, including 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	Type of certificate or degree received	Date of completion
		From (month/year)	To (month/year)			
Are you conversational in a second language? <input type="checkbox"/> No <input type="checkbox"/> Yes    Language: _____		Type of language experience: <input type="checkbox"/> Speaking <input type="checkbox"/> Reading <input type="checkbox"/> 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**

## Experience (Service & Employment)

Have you previously served in the military? ☐ Yes ☐ No

If yes, when did you serve? from \_\_\_\_\_ to \_\_\_\_\_

Have you previously served in AmeriCorps State, National, NCCC or VISTA? ☐ Yes ☐ No

If yes, how many service terms? \_\_\_\_\_

If yes, where did you most recently serve? \_\_\_\_\_ When? from \_\_\_\_\_ to \_\_\_\_\_

If yes, did you successfully complete your service year(s)? ☐ Yes ☐ No

List and briefly describe the last four employment/service experiences you have had in the last ten years. Begin with the current or most recent and go back ten years. Include self-employment, internships/fellowships, home management, and full- or part-time paid work experience, and long term service commitments.

*(You may attach a resume instead if it addresses the information requested below.)*

Organization (name, city, state)	Supervisor (name, phone)	Dates		Title and Responsibilities
		From (month/year)	To (month/year)	

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Advocacy                   | <input type="checkbox"/> Customer Service                   | <input type="checkbox"/> Financial Literacy         |
| <input type="checkbox"/> Mentoring                  | <input type="checkbox"/> Conflict Resolution/Counseling     | <input type="checkbox"/> Youth Development          |
| <input type="checkbox"/> Event Planning             | <input type="checkbox"/> Teamwork                           | <input type="checkbox"/> Media Production           |
| <input type="checkbox"/> Gardening/Environmentalism | <input type="checkbox"/> Public Speaking/Group Facilitation | <input type="checkbox"/> Recruitment/Outreach       |
| <input type="checkbox"/> Resume Building/Writing    | <input type="checkbox"/> Volunteer Coordination             | <input type="checkbox"/> Professional Communication |

### Service Interests: Please mark the types of service in which you are most interested.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Job Training                   | <input type="checkbox"/> Financial Literacy                     | <input type="checkbox"/> Community Outreach   |
| <input type="checkbox"/> Training/Workshop Facilitation | <input type="checkbox"/> Mentorship                             | <input type="checkbox"/> Case Management      |
| <input type="checkbox"/> Advocacy                       | <input type="checkbox"/> Childhood Literacy                     | <input type="checkbox"/> Community Organizing |
| <input type="checkbox"/> Housing                        | <input type="checkbox"/> Volunteer Coordination and Recruitment | <input type="checkbox"/> Youth Development    |
| <input type="checkbox"/> Food Justice/Hunger Relief     |   | <input type="checkbox"/> Other: _____         |

### 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. *Please 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 : \_\_\_\_\_

### 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 school/college and former employers cited in this application or attachments in order to verify 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.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please complete motivation statement on back of this page.  
Incomplete applications will not be considered.**

## Motivation

We would like to understand more about you and your reasons for applying to AmeriCorps. Take a few minutes and consider those experiences which have made you the person you are today. Please share with us one of these experiences and how it sparked your interest in community service. If you need additional space, attach a separate piece of paper and limit your total response to 500 words.

*Complete applications should be submitted to:*

**Flower City AmeriCorps  
City of Rochester Bureau of Recreation  
c/o Brandi Remington  
400 Dewey Avenue  
Rochester, NY 14613  
585-428-9342**