

Application Requirements

- Please print clearly or type your answers
- Answer each question completely and thoughtfully
- If you need additional space to complete or explain an answer, use a separate sheet of paper.

Each application will be graded on the following: completeness of application, personal statement, skill, commitment, references, leadership ability and overall impression. Consider each section carefully and respond to the best of your ability. Make sure this application reflects all of the qualities that make you a good candidate for YMCA of Cass and Clay Counties AmeriCorps Program. Applicants will be selected based on this applications and a personal interview. Interviews will be scheduled on a first come/first serve basis.

In return for a minimum of 900 hours of service, members will earn a monthly living allowance. Upon successful completion of the program, members are awarded an educational award of \$2,775.00, payable to a qualified institution of higher education or to repay existing or future qualified educational loans.

If you should have any questions or need further information regarding the YMCA of Cass and Clay Counties AmeriCorps Program, contact Jill Deitz, AmeriCorps Program Coordinator by phone at 701-356-1467 or e-mail at deitz@ymcacassclay.org

YMCA of Cass and Clay Counties
AmeriCorps Program
4243 19th Avenue SW, Fargo, ND 58103
Phone (701) 356-1467, Fax (701) 277-4832

YMCA of Cass and Clay Counties AmeriCorps Application



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**YMCA of Cass and Clay Counties AmeriCorps Program
Participant Application**

APPLICANT PROFILE

1. NAME _____
Last First Middle

2. SOCIAL SECURITY NUMBER _____

3. Are you a U.S. citizen, national, or lawful permanent resident alien? Yes No

4. DATE OF BIRTH _____
Month/Day/Year

5. CURRENT ADDRESS:

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

Number and Street

City State Zip Code

Home Phone _____ Cell Phone _____

8. PERMANENT ADDRESS: *(if different than above)*-Please give the name and address of a person through whom you can always be reached:

Name: _____ Relationship: _____
First Last

Number and Street

City State Zip Code

Home Phone: _____ Cell Phone: _____

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EDUCATION

9. Check the highest level of education that you will have completed by the time you are planning to serve in AmeriCorps. (check only one)

- Some high school
- Associate's degree
- Graduate degree
- High school diploma or GED
- Some college
- Other (specify): _____
- Technical school/Apprenticeship _____
- Bachelor's degree

10. 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 | Dates Attended | Degree Earned |
|--|----------|----------------|---------------|
| A. _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ |
| C. _____ | _____ | _____ | _____ |
| D. _____ | _____ | _____ | _____ |

COMMUNITY SERVICE *(previous service is not always a requirement)*

11. Describe how you have reached out to help others and/or how you have been involved in your own community. Elaborate on why you decided to serve or get involved, and what you received in return-that is, what you learned or how it made you feel. Think in broad terms. Attach a separate sheet of paper if you need more space.

12. How have you been involved in your community? If you served in an organization, 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.

A. DATES OF INVOLVEMENT: From: _____ To: _____ Hours/month _____

Organization Name: _____ Location: _____ Phone _____

Description of Involvement: _____

B. DATES OF INVOLVEMENT: From: _____ To: _____ Hours/month _____

Organization Name: _____ Location: _____ Phone _____

Description of Involvement: _____

13. Have you previously served in AmeriCorps? Yes No

Program Name (check all that apply):

AmeriCorps*VISTA AmeriCorps*NCCC AmeriCorps*State & National

Program Location: _____ From: _____ To: _____
City State month/year month/year

Did you complete your term of service? Yes No

If no, why not? _____

EMPLOYMENT HISTORY

14. List any prior work experience; included any volunteer or community service positions.

Employer: _____

Address: _____

City/State/Zip Code: _____

Supervisor: _____ Phone: _____

Position Held: _____ Dates of Employment: From: _____ to: _____

Reason for leaving: _____

May we contact this person for a reference? Yes No

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Employer: _____

Address: _____

City/State/Zip Code: _____

Supervisor: _____ Phone: _____

Position Held: _____ Dates of Employment: From: _____ to: _____

Reason for leaving:

May we contact this person for a reference? Yes No

Employer: _____

Address: _____

City/State/Zip Code: _____

Supervisor: _____ Phone: _____

Position Held: _____ Dates of Employment: From: _____ to: _____

Reason for leaving:

May we contact this person for a reference? Yes No

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PERSONAL STATEMENT

15. Why do you want to join AmeriCorps? What could you contribute to the YMCA AmeriCorps Program? What do you hope to gain from serving as an AmeriCorps member? If you need additional room, attach a separate piece of paper. Please limit your response to 500 words or less.

SKILLS AND INTERESTS

16. To facilitate placement at service sites that are compatible with your skills and interests, please check which area of our program you are most interested in applying for. Check all that apply.

- School Age Homework Assistant (working with grades 1-5)
- Mentor (working with children of all ages)
- Interactive Game Area Supervisor
- Active Older Adults (seniors 65 and over)
- Volunteer Coordinator

AVAILABILITY

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-------------|--------|---------|-----------|----------|--------|----------|--------|
| From | | | | | | | |
| To | | | | | | | |

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CERTIFICATION

Your application must be certified with your original signature in ink. Unsigned applications and applications with photocopied signatures will not be considered. Please read the statement carefully before signing.

I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge and are made in good faith. I understand that misinformation of omission of information could result in disqualification and/or termination as a YMCA AmeriCorps member. I also understand that the information provided may be used to process my application into YMCA AmeriCorps and for other routine purposes by local programs and it will not be disclosed outside of these entities without prior written permission.

Signature

Date

The YMCA of Cass and Clay Counties AmeriCorps program does not discriminate on the basis of race, color, national origin, disability, age, sex, political affiliation, religion or sexual orientation. This material is based upon work supported by the Corporation for National Service under AmeriCorps Grant No. 03AFHND0010005. Opinions or points of view expressed in this document are those of the authors and do not necessarily reflect the official position of, or a position that is endorsed by, the Corporation or the AmeriCorps Program.

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