

YOUTH ACHIEVEMENT AMERICORPS

Member Application (Please print or type)



| APPLICANT INFORMATION | | | | | | | |
|---|--|-------------|---|-------------|------------------------------|-----------------------------|-------|
| Last Name: | | | First Name: | | | M.I.: | Date: |
| Current Address: | | | | | Apt./Ste./Unit #: | | |
| City: | | | State: | | | ZIP: | |
| Cell Phone: | | | Email: | | | | |
| Home Phone: | | | Are you a citizen of the United States? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Permanent Address (address where we can always reach you and send your W2): | | | | | | Apt./Ste./Unit #: | |
| City: | | | State: | | | Zip: | |
| Please list an Emergency Contact | | Last Name: | | First Name: | | Relationship: | |
| Cell Phone: | | Home Phone: | | Email: | | | |

| EDUCATION | | | | | | | |
|--------------|-----|-------------------|------------------------------|-----------------------------|----------------------------------|------------------------------|-----------------------------|
| High School: | | | | | | | |
| From: | To: | Did you graduate? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If no, did you receive your GED? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| College: | | | | | | | |
| From: | To: | Did you graduate? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Area of Study: | | |
| Other: | | | | | | | |
| From: | To: | Did you graduate? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Area of Study: | | |

| WORK EXPERIENCE & COMMUNITY SERVICE | | | |
|--|--|--|-----------|
| Describe your experience working or volunteering in a helping role. If possible, describe your experience serving youth. | | | |
| Organization Name: | | | Phone: |
| City and State: | | | From: To: |
| Description of involvement: | | | |
| Organization Name: | | | Phone: |
| City and State: | | | From: To: |
| Description of involvement: | | | |
| Organization Name: | | | Phone: |
| City and State: | | | From: To: |

| | | | | |
|---|------------------------------|-----------------------------|---|---|
| Description of involvement: | | | | |
| Have you previously served in the Military? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Which branch? | From: To: |
| Have you previously served in AmeriCorps? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Check all that apply: | <input type="checkbox"/> AmeriCorps VISTA <input type="checkbox"/> AmeriCorps NCCC <input type="checkbox"/> AmeriCorps State and National Program |
| Location of Service, City & State: | | | From: | To: |
| Did you complete your term of service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If you did not complete your service, please explain why: | |

| SKILLS & EXPERIENCES | | | | |
|---|------------------------------|-----------------------------|--|-------------------------------|
| Do you know any language(s) other than English? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Language(s): | # of years spoken or studied: |
| Speaking Ability: Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> | | | Writing Ability: Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> | |
| Describe skills or attributes that will help you as an AmeriCorps Member. | | | | |
| Why do you want to join AmeriCorps? What do you hope to gain from serving as an AmeriCorps Member? | | | | |
| Please list other commitments such as job, school (include class schedule), or other activities you will partake in during your AmeriCorps term: | | | | |

| REFERENCES | |
|--|------------------------|
| List two references who can speak about your personal background, employment, education, and/or professional skills. | |
| First Name: | Last Name: |
| Reference Current Position: | Relation to Applicant: |
| Phone Number: | Email Address: |
| First Name: | Last Name: |
| Reference Current Position: | Relation to Applicant: |
| Phone Number: | Email Address: |

HOURLY PREFERENCE

Please check all preferences you want us to consider your application for.

Fall 2017 Positions

- Full Time 1,700 hours (approximately 35–40 hours per week, August 21, 2017–August 18, 2018)
 Half Time 900 hours (approximately 25 hours per week, August 21, 2017–June 9, 2018)

POSITION PREFERENCE

Please check all positions you want us to consider your application for.

Fall 2017 Positions (1,700 and 900 hours)

- Early Literacy Specialist
 Elementary Reading and Math Tutor
 Middle School Reading and Math Tutor

All positions will help plan, lead, or assist with after school enrichment activities with either the Cedar Rapids Public Library, Kids on Course, or Jane Boyd Community House.

BACKGROUND CHECK POLICY

Youth Achievement AmeriCorps is dedicated to serving children birth through 8th grade to lessen the achievement gap between low-income students and their higher-income peers. In doing so, we aim to provide a safe and wholesome environment.

All new staff and new members involved with the program will have a three-part background check conducted before they are appointed to a position. The background check will be conducted in cooperation with the Iowa Department of Public Safety, FBI, and National Sex Offender Public Website.

CERTIFICATION

I certify that all 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 or omission of information could result in disqualification and/or termination as an AmeriCorps member. I also understand that my selection for participation in this AmeriCorps program will require a three-part background check.

PRIVACY ACT: I understand that the information provided herein may be used to process my application for acceptance into Youth Achievement AmeriCorps and for other general routine purposes by United Way of East Central Iowa, the Iowa Commission on Volunteer Services, and/or the Corporation for National Service, and it will not be disclosed outside of these entities without prior written permission.

IF SENDING YOUR APPLICATION VIA EMAIL, PLEASE TYPE YOUR NAME. OTHERWISE, SIGN BELOW.

Signature:

Date:

Mail or email completed application to:

John Spanczak
 AmeriCorps Program Director
 317 7th Ave SE, Suite 401
 Cedar Rapids, IA 52401

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 319-398-5372 ext. 832