

11. Host Organization Contact:

Name	Title
Phone	E-mail Address (Required)

12. AmeriCorps Site Supervisor Name and Contact (if known and different from above):

Name	Title
Phone	E-mail Address (Required)

EDUCATION

13. Check all that apply:

- Did not complete high school/GED
- Currently enrolled in high school
- GED
- High School Diploma
- Some college
- Associate's Degree
- Bachelor's Degree
- Technical School/Apprenticeship

14. List all schools attended, including high school, trade or technical school, military training, Job Corps, etc.

A. Name of High School: _____ Location: _____

Dates Attended: From: month _____ year _____ To: month _____ year _____

Type of Degree, Certificate, or Area of Study: _____

B. Name of School: _____ Location: _____

Dates Attended: From: month _____ year _____ To: month _____ year _____

Type of Degree, Certificate, or Area of Study: _____

C. Name of School: _____ Location: _____

Dates Attended: From: month _____ year _____ To: month _____ year _____

Type of Degree, Certificate, or Area of Study: _____

15. Are you fluent in any language(s) aside from English? If so, which? _____

16. Preferred T-shirt size:

- Small
- Medium
- Large

Circle One: Men's Style/Women's Style

EMPLOYMENT

17. Are you currently employed? YES NO

18. List below the last three jobs you have held. Begin with the present or most recent position. Please include any self-employment, full or part-time employment. Complete the following section even if you include a resume.

A. Organization: _____ Supervisor: _____

Phone number: _____ Address: _____

Hours / week: _____ From: month _____ year _____ To: month _____ year

Your Title: _____ Responsibilities: _____

Reason for Leaving: _____

May we contact this employer? YES NO

B. Organization: _____ Supervisor: _____

Phone number: _____ Address: _____

Hours / week: _____ From: month _____ year _____ To: month _____ year

Your Title: _____ Responsibilities: _____

Reason for Leaving: _____

May we contact this employer? YES NO

C. Organization: _____ Supervisor: _____

Phone number: _____ Address: _____

Hours / week: _____ From: month _____ year _____ To: month _____ year

Your Title: _____ Responsibilities: _____

Reason for Leaving: _____

May we contact this employer? YES NO

19. Please list any special skills that are relevant:

COMMUNITY INVOLVEMENT

20. Please describe any prior community participation or volunteering:

21. Have you ever served in a National Service program? YES NO

Check all that apply:

- AmeriCorps VISTA Peace Corps U.S. Armed Services

If yes, please provide details of your service, including Name of Program or Branch of Service, Dates of Service, and, if you were a Member of the Armed Services, Type of Discharge.

PERSONAL MOTIVATION STATEMENT

22. Please answer the following questions on an attached page. This is an important part of your application.

There is no right or wrong way to answer; just be thoughtful and honest.

- Why do you want to be a Resilient Alaska Youth Member?
- How would your AmeriCorps position advance your personal and/or professional goals?
- What would you contribute to your community in this position?
- Please tell us about your commitment and interest in the Resilient Alaska Youth program.

Some ideas for your statement:

How do you plan to incorporate traditional singing and dancing, language revitalization; traditional storytelling; fishing; berry-picking or other subsistence food gathering; environmental activities which demonstrate the traditional value of taking care of the land; classes on traditional recipes & food preparation; craft traditional tools, traps & nets; classes on traditional & contemporary art such as beading, carving, sewing with skins & furs, and mask making; wilderness survival; training on travel safety on all different types of modes of transportation in local area; culture camps, etc.? Why do you think it is important to work with youth in your community?

REFERENCES

23. Please provide the names and *current* phone numbers of three employers/people who are familiar with your work history and qualifications for this position whom we may contact (not family). They may include supervisors listed on Page 2 of this application.

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Name _____ Phone _____

24. LEGAL – The following background checks will be conducted upon the submission of your service application to RurAL CAP.

As part of the recruitment process, all applicants will be reviewed for criminal offenses in state and federal databases online containing public information.

Vendor-Based Check of these sources:

- <http://www.nsopw.gov>
- <http://www.dps.state.ak.us/sorweb.aspx>
- <http://www.courtrecords.alaska.gov/services/home.page.2>

Vendors:

- Truescreen: State and Sex Offender check
- Field Print: FBI Criminal Background Check

Signature

Your application must be signed with your original signature in ink. Please read the following 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 the information provided herein may be used to process my application for acceptance into AmeriCorps and for other general routine purposes by RurAL CAP, Serve Alaska and/or the Corporation for National and Community Service, and it will not be disclosed outside of these entities without prior written permission. Background and security checks will be conducted.

Signature _____ Date: _____

Please submit completed applications to your local host organization (tribal council, school or other non-profit hosting AmeriCorps Member).

If you have any questions about the position or application, contact **Liza Krauszer**, RurAL CAP AmeriCorps Program Coordinator: Direct: 907-865-7396, Fax 907-478-6343 Attn: Liza, lkrauszer@ruralcap.org

The following information will in no way affect your selection for the program.

1. How did you hear about AmeriCorps? _____

2. What is your ethnic background? (Check all that apply)

- Alaskan Native/American Indian
- African American
- Asian American/Pacific Islander

- Hispanic
- White/non-Hispanic
- Other: _____

3. Gender: Male Female

4. Do you have any special needs that require accommodation? YES NO
If yes, please specify: _____

5. Income: Including yourself, how many people live in your household? _____

Total household income from all sources: \$_____

Do you or Members of your household receive public assistance (e.g., AFDC, Food Stamps)? YES NO

If yes, please specify: _____

6. Do you have children who rely on you as their primary caregiver or for financial support? YES NO

Need assistance completing forms in this packet due to a disability or limited English proficiency? Please contact us at comdevsupport@ruralcap.com or 1-800-478-7227 and ask for Community Development’s Accommodation Coordinator.