



2009-2010 ShrevCORPS APPLICATION

Application Instructions:

ShrevCORPS is an AmeriCorps National Service Program. AmeriCorps is the new national service initiative signed into law by President Clinton. Through AmeriCorps, individuals of all ages and backgrounds will address the nation's education, public safety, human, and environmental needs through service. In return, AmeriCorps Members may receive education awards to help finance their college education or vocation training, or to pay back their student loans after successful completion of service.

While there is no typical AmeriCorps Member, all people selected for AmeriCorps will demonstrate a commitment to service, a willingness to use their time and abilities to improve the lives of others, and an interest in learning new skills. Through their service, they will bring to life the AmeriCorps ethic of community and responsibility.

This application asks you to describe the skills and experience you offer to ShrevCORPS, as well as the reasons why you hope to be selected. Consider each section carefully and respond to the best of your ability. Think about your role in service activities, membership in community organizations, academic experiences, and personal talents. Take into account everything from your past and present. Your application and personal references help create a full picture of you and what you bring to national service.

ShrevCORPS applicants must be a minimum of 17 years of age prior to their beginning date of service and may not exceed the maximum of 24 years of age prior to their beginning service date.

Please print or type

Last name	First	MI	Social Security number	Date of birth	Sex (circle one) Male Female
Race (This question is posed to comply with federal civil rights laws. Your response will be kept confidential, even if you choose not to respond. Please answer by circling your preference). Black/African American White/Caucasian Hispanic Asian American Indian Other (please specify): I prefer not to answer					
Street address			Home telephone number		
City	State	Zip	Another phone number where you can be reached		
Are you a US citizen or Permanent Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date available to begin service Month ___ Year					

Community Activities: List and describe your organizational memberships (i.e., band, football, basketball, track, ROTC, VICA, TRACK, student council, etc...) and community-based service experience. Include social, school, professional, and neighborhood projects and programs. Attach additional sheets if necessary.

Dates of Participation	Name of Organization	Description of Activities/Position

Special Skills

Indicate those areas in which you have had significant training or experience, including volunteer or community service experience.

painting - outside gardening fundraising tree pruning/care public speaking
 household weatherization public speaking computers other _____ other _____

Personal Statement

Please answer the following questions. Attached additional sheets if necessary.

1. Tell us in your own words why you want to be a member of **ShrevCORPS**. (500 word maximum)

2. What one improvement would you like to see made in our community and what contributions could you make to initiate this improvement? (500 word maximum)

Confidential Information

Do you have a health problem (including pregnancy) or disability that might require special accommodation to enable you to participate in ShrevCORPS?
 yes no
 Please explain:

Have you ever been found guilty of a crime in any court? (A yes answer does not necessarily disqualify you from the program).
 yes no
 Please explain:

Does your family receive public assistance? (e.g. AFDC, Food Stamps) yes no. If yes, please specify
 Total annual household income from all sources \$_____ How many people (parents/siblings/children) live with you?

A yes answer to any of the above questions does not necessarily disqualify you from the program. It is Shreveport Green's policy that no individual shall be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of, or in connection with, any program activity administered because of race, color, religion, sex, national origin, citizenship, age, disability, or political affiliation or belief.

Educational Background

Check the appropriate category:

<input type="checkbox"/> Graduate/Professional degree	<input type="checkbox"/> Technical school/Apprenticeship	<input type="checkbox"/> Currently enrolled in High school
<input type="checkbox"/> Graduate/Professional study	<input type="checkbox"/> Associate degree	<input type="checkbox"/> Less than high school completed - not currently enrolled
<input type="checkbox"/> College graduate	<input type="checkbox"/> High school graduate	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Some college	<input type="checkbox"/> GED	

Beginning with the most recent, list all schools attended, including high school, any trade or technical schools, Job Corps, etc.

Name of School	Location of School (City/State)	Dates Attended		Area of Study Major/Minor	Type of Degree/ Certificate and Date Received (expected)
		From Mo./Yr.	From Mo./Yr.		

References

Please list two individuals whom we may contact as references. We encourage you to list people who know you well, such as teachers, employers, guidance counselors, ministers or community members.

Name	Title/relationship	Address (street, city, state, ZIP code)	Phone no. (include area code)	Occupation

Job History and Experience

Please indicate recent job experience including volunteer jobs or self employment (e.g. lawn mowing, baby sitting, volunteer at homeless shelter, etc.)

Present job	Type of business	Previous or second job	Type of business		
Street address	Phone number	Street address	Phone number		
City	State	Zip Code	City	State	Zip code
Supervisor's name	Phone number	Supervisor's name	Phone number		
Dates worked:	From	To	Dates worked:	From	To
Reason for leaving		Reason for leaving			

Brief description of each job's duties:

Additional Information

What else do you want us to know about you? Indicate anything that you think will help us evaluate your application.

ALL Applicants Sign Below

I hereby 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 my enrollment may be contingent upon receipt of verification of birth and the accuracy of the statements made within. I understand that any misinformation may be cause for disqualification or termination.

ShrevCORPS reserves the right to conduct a criminal records check of all applicants. By signing below, you give the Corps permission to conduct such a records check.

Signature: _____ Date: _____

Applicants Over 18 OR Parent/Guardian of Applicants Under 18 Sign Below

If you are 18 or over, you **must** also sign below.

If you are under 18, your parent or guardian **must** sign below.

We, the undersigned, hereby make application to SHREVEPORT GREEN for the person above-named to participate in ShrevCORPS, an AmeriCorps program. In consideration of permission for the person to participate in the program the undersigned hereby release, discharge, exonerates and absolves SHREVEPORT GREEN, its officers, trustees, instructors, employees, agents, representatives, successors, and assigns from any and all responsibility and/or liability, claims, and causes of action of any type whatsoever arising out of or in any way connected with participation in ShrevCORPS and agree it indemnify each of them against and hold harmless from all obligations, liabilities, claims, demands, costs and expenses, which may arise out of or be in any way connected, directly or indirectly, with said person's participation in ShrevCORPS.

The undersigned parent(s) or guardian hereby consent and agree not to sue or bring suit or legal action of any kind against SHREVEPORT GREEN or any of its officers, trustees, instructors, employees, agents, representatives, successors and assigns for or on any matter covered by the foregoing consent. General Release and Indemnity Agreement.

SHREVEPORT GREEN/ShrevCORPS disclaims any liability for damages, direct or consequential, incurred by participants in activities sponsored by SHREVEPORT GREEN.

By signing below, I also give my permission to SHREVEPORT GREEN for the free use of the likeness of my child or ward in connection with any broadcast, release, prime media account or other publicity generated by SHREVEPORT GREEN/ShrevCORPS activities.

The undersigned are (is) parent(s) or guardian of the person, whose name appears on this application. The activity for which this Consent, General Release and Indemnity Agreement is executed:

Date

Signature of parent/guardian of applicant under 18
or Signature of applicant over 18

Please return the completed application by mail to:

**Shreveport Green
3625 Southern Avenue
Shreveport, LA 71104**



3625 Southern Avenue • Shreveport, LA 71104
(318) 219-1888 • (318) 219-1882 Fax • shrevcorps@shreveportgreen.org

REFERENCE FORM

APPLICANT NAME _____

REFERENCE NAME _____

BUSINESS/ORGANIZATION _____ PHONE _____

1. How long and in what capacity have you known the applicant?

2. Please rate the applicant on the qualities below using a five point scale (1 = low, 5 = high) Write N/A for any qualities that you are unable to offer an informed opinion on.

_____ the applicant is never absent and always on time.

_____ the applicant is dependable and fulfills his/her commitment.

_____ the applicant is respectful of staff and others.

_____ the applicant is a team player and works well in groups.

_____ the applicant is mature and possess good decision-making skills.

_____ The applicant is flexible and easily adapts to a changing environment.

_____ the applicant is able to handle stress and a high-pressure situation.

_____ the applicant exhibits initiative and is a self-starter.

Please provide any additional comments regarding the ability of this applicant to perform service in an environmental program.

OVERALL RECOMMENDATION

_____ I recommend this applicant without reservation as an excellent candidate for AmeriCorps service.

_____ I recommend this applicant as a good candidate for AmeriCorps service.

_____ I have some reservations, but I believe that this applicant deserves a chance to serve with AmeriCorps.

_____ I do not recommend this applicant for service with AmeriCorps.

CONFIDENTIALITY STATEMENT

_____ **I Authorize the program and/or the Corporation for National and Community Service to identify me as the source of this reference and to release a copy of this reference in its entirety upon request to the applicant.**

_____ **I DO NOT AUTHORIZE the program and/or the Corporation for National and Community Service to identify me as the source of this reference and to release a copy of this reference in its entirety upon request to the applicant.**

**PLEASE RETURN THIS FORM IN A SEALED ENVELOPE SIGNED ACROSS THE SEAL,
DIRECTLY TO THE APPLICANT.**