



ShrevCORPS is an AmeriCorps National Service Program. 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 vocational 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.

Last Name		First	MI	Social Security Number	Date of Birth	Sex (circle one) Male Female
Street Address					Home phone	
City		State	Zip	Cell phone		
Email						
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	American Indian	Hispanic	Asian		
Other (please specify)		I prefer not to answer				
Are you a US citizen or Permanent Resident Alien? Yes No						
Where did you hear about ShrevCORPS?						
Date available to begin service:						

Educational Background: 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	Dates Attended		Area of Study	Type of Degree/ Certificate/ Date Received or Expected
		From Mon./ Yr.	To Mon./Yr.		

Shreveport Green
3625 Southern Avenue, Shreveport, LA 71104
Phone (318) 219-1888 Fax (318) 219-1882



Job History: Beginning with your present or most recent job, list all previous work experience. Attach additional sheets if necessary.

Job Title	Name of Business	Type of Business
Street Address	City, State	Zip Code
Phone Number	Supervisor's Name	
Dates worked	From:	To:
Reason for leaving		
Brief description of job duties		

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Special Skills: Indicate those areas in which you have had significant training or experience.

<input type="checkbox"/>	Painting- Outside	<input type="checkbox"/>	Mowing	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Public Speaking
<input type="checkbox"/>	Household Weatherization	<input type="checkbox"/>	Weed eating	<input type="checkbox"/>	Fundraisin g	<input type="checkbox"/>	Computers
<input type="checkbox"/>	Carpentry/ Household Repair	<input type="checkbox"/>	Tree Pruning/ Care	<input type="checkbox"/>	Leadership	<input type="checkbox"/>	Other:

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

Dates of Participation	Name of Organization	Description of Activities/ Position
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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, clergy, or community members.

Name	Occupation	Address Street/ City/ State/ Zip	Phone	Relationship

Reference Form: Give the attached Reference Form to an individual who knows you well and who can write a recommendation on your behalf. Include the sealed and signed Reference Form with your completed application submission.

Confidential Information:

Do you have any health problem (including pregnancy) or a disability that might require special accommodation to enable you to participate in ShrevCORPS?		
	Yes	If yes, please explain:
	No	

Have you ever been found guilty of a crime in any court?		
	Yes	If yes, please explain:
	No	

A yes answer to either 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, political affiliation or belief.

Personal Statement: Please answer the following questions. Attach additional sheets if necessary. Tell us in your own words why you want to be a member of ShrevCORPS? (maximum 500 words)



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

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

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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 this application. 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 of Applicant: _____ 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 releases, discharges, 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 to 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,

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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) the parent(s) or guardian of the person whose name appears on this application.

Signature of Parent/ Guardian of
Applicant Under 18 or Signature
of Applicant Over 18:

Date
:

Please return completed application by mail or fax to:

Shreveport Green
3625 Southern Avenue
Shreveport, LA 71104
Fax: (318) 219- 1882

Reference Form

Applicant Name
Reference Name
Business/ Organization
Phone

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

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

<input type="checkbox"/>	The applicant is never absent and always on time.
<input type="checkbox"/>	The applicant is dependable and fulfills his/ her commitment.
<input type="checkbox"/>	The applicant is respectful of staff and others.
<input type="checkbox"/>	The applicant is a team player and works well in groups.

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- The applicant is mature and possesses good decision-making skills.
- The applicant is flexible and easily adapts to a changing environment.
- The applicant is able to handle stress and high-pressure situations.
- The applicant exhibits initiative and is a self-starter.

Please check the box next to your 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.

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

- 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.