

**Oswego**



**AmeriCorps  
Program**

**Apply Today**

**We're glad you're interested in becoming an AmeriCorps member.**

Please read all instructions carefully and complete the application to the best of your knowledge. You may use additional sheets of paper to provide more detailed information that will not fit on this application form. Enclose everything in the final application packet that you submit.

When you have completed this application, you can –

**Drop off or mail the application to:**

**Oswego AmeriCorps Program  
Oswego City-County Youth Bureau  
70 Bunner Street  
Oswego, NY 13126**

**We will contact you as soon as possible to set up an interview.**

**OR**

**Contact the Program Director, Brianna Goss, at (315) 349-3408 to set up an interview.**

- At our office we provide an informational interview to explain our AmeriCorps program.
- Please bring in the names and addresses of two (2) references to the interview.
- You will be asked to fill out a background check form.
- You will review charts listing all our current openings and will be asked to pick two or three sites in which you are interested. We will give you the names and phone numbers of the contact people for these sites. We will email/fax your application to these sites and you will be calling each site to set up an interview with them.
- Each site selects their AmeriCorps members.

**Please call our office if you have any questions about our application process.**

Please print clearly using blue or black ink.  
Answer all questions to the best of your ability.

## PERSONAL PROFILE

1. NAME: \_\_\_\_\_  
Last First Middle
2. Are you a United States citizen, national, or lawful permanent resident alien?  YES  NO  
If you are a lawful permanent resident alien and you received your card after January 1987, what is the registration number and card expiration date? \_\_\_\_\_
3. SOCIAL SECURITY NUMBER: \_\_\_\_\_
4. DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
CITY/STATE/COUNTRY
5. GENDER:  Male  Female AGE: \_\_\_\_\_
6. Earliest date you are available to begin service: \_\_\_\_\_  
MONTH/DAY/YEAR
7. **CURRENT ADDRESS:** *all information will be sent to this address unless you notify us of a change.*

NUMBER AND STREET (IF POSSIBLE, INCLUDE A NUMBER AND STREET ADDRESS WHEN USING A P.O. BOX)

CITY STATE ZIP CODE

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
AREA CODE AREA CODE

E-MAIL: \_\_\_\_\_  
(IF AVAILABLE)

8. Are you moving within the next 6 months?  YES  NO. If yes, when\*? \_\_\_\_\_  
*\*Please notify us of new address at time of move.*

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
FIRST LAST

NUMBER AND STREET (IF POSSIBLE, INCLUDE A NUMBER AND STREET ADDRESS WHEN USING A P.O. BOX)

CITY STATE ZIP CODE

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
AREA CODE AREA CODE

E-MAIL: \_\_\_\_\_

# EDUCATION

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

- Some High School
  Associate degree
  Graduate Degree  
 High School diploma or GED
  Some College
  Other (please specify):  
 Technical school/Apprenticeship
  Bachelor's Degree \_\_\_\_\_

11. List all schools, from high school on, that you have attended. Including trade or technical schools, military training, and employment programs. **List the most recent school first.**

Name of School	Location of School (City/State)	Date Attended From MO/YR	Date Attended To MO/YR	Major Area of Study	Type of Degree or Certificate	Date Received or Expected
A.						
B.						
C.						
D.						

**MOTIVATIONAL STATEMENT** If you need additional room, attach a separate piece of paper.

12A. Why do you want to join AmeriCorps?

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12B. What could you contribute to AmeriCorps?

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12C. What do you hope to gain from serving as an AmeriCorps member?

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# COMMUNITY SERVICE

In the space provided below, 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 help or get involved, and what you received in return – that is, what you learned or how it made you feel. Think in broad terms. Your involvement could include serving in neighborhood, school, youth, religious, social, professional, or volunteer groups; helping with community service projects; or participating in less formal activities such as assisting an elderly neighbor.

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13. 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.)

A. DATES OF INVOLVEMENT: From: \_\_\_\_\_ To: \_\_\_\_\_ HOURS PER MONTH: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
AREA CODE

Description of Involvement: \_\_\_\_\_

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B. DATES OF INVOLVEMENT: From: \_\_\_\_\_ To: \_\_\_\_\_ HOURS PER MONTH: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
AREA CODE

Description of Involvement: \_\_\_\_\_

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14. Have you previously served in AmeriCorps?  YES  NO

Program Name (check all that apply):

AmeriCorps\*VISTA  AmeriCorps\*NCCC  AmeriCorps\*State or National Program

Location: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
CITY STATE MONTH/YEAR MONTH/YEAR

Did you complete your term of service?  YES  NO

If no, why not? \_\_\_\_\_

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# EMPLOYMENT

15. List and briefly describe the last four positions you have held. Begin with the current or most recent and go back ten years. Include self-employment, internships/fellowships, home management, and full or part-time paid or unpaid work experience. **(Only attach a resume if it addresses the information requested below.)**

Name and Address of Employer	Dates	Job Title and Duties
A. Organization, city/state: _____ _____ Supervisor and Phone: _____ _____	From: _____ / _____ MO/YR To: _____ / _____ MO/YR Hours/week: _____	Title: _____ Duties: _____ Reason for leaving: _____
B. Organization, city/state: _____ _____ Supervisor and Phone: _____ _____	From: _____ / _____ MO/YR To: _____ / _____ MO/YR Hours/week: _____	Title: _____ Duties: _____ Reason for leaving: _____
C. Organization, city/state: _____ _____ Supervisor and Phone: _____ _____	From: _____ / _____ MO/YR To: _____ / _____ MO/YR Hours/week: _____	Title: _____ Duties: _____ Reason for leaving: _____
D. Organization, city/state: _____ _____ Supervisor and Phone: _____ _____	From: _____ / _____ MO/YR To: _____ / _____ MO/YR Hours/week: _____	Title: _____ Duties: _____ Reason for leaving: _____

16. Explain any period of time greater than six months not accounted for by work, school, or military service.

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# SKILLS AND EXPERIENCE

17. Listed below are skill areas that our sites find useful and may seek in applicants for AmeriCorps. Indicate the skill areas in which you have had training or experience. Including volunteer or community service experience, and indicate how you gained those skills.

EXAMPLE:  Counseling **Dorm Advisor**

- |   |   |
|---|---|
| <input type="checkbox"/> Architecture Planning_____ | <input type="checkbox"/> Business_____            |
| <input type="checkbox"/> Computers_____             | <input type="checkbox"/> Communications_____      |
| <input type="checkbox"/> Counseling_____            | <input type="checkbox"/> Conflict Resolution_____ |
| <input type="checkbox"/> Education_____             | <input type="checkbox"/> First Aid_____           |
| <input type="checkbox"/> Fine Arts/Crafts_____      | <input type="checkbox"/> Fundraising_____         |
| <input type="checkbox"/> Law_____                   | <input type="checkbox"/> Medicine_____            |
| <input type="checkbox"/> Public Health_____         | <input type="checkbox"/> Public Speaking_____     |
| <input type="checkbox"/> Recruitment/Outreach_____  | <input type="checkbox"/> Teaching/Tutoring_____   |
| <input type="checkbox"/> Trade Skills_____          | <input type="checkbox"/> Writing/Editing_____     |
| <input type="checkbox"/> Youth Development_____     | <input type="checkbox"/> Other (Specify):_____    |

18. Do you know or have you studied any language other than English?  YES  NO

Language	Speaking Ability (Poor, Fair, Good, or Excellent)	Writing Ability (Poor, Fair, Good, or Excellent)	Number of Years Studied or Spoken
1.			
2.			
3.			

19. In the space provided below or on a separate sheet of paper, provide any additional experience that may be helpful in evaluating your application.

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# SUPPLEMENTAL APPLICATION QUESTIONS

Please respond to the following questions. Use additional paper if necessary.

20. Each Oswego AmeriCorps member will organize a service project that will involve community volunteers. What specific skills or experience do you have that would be helpful for this task?

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21. Our members must collect data from their site that will be incorporated into our reports to Albany and Washington. What previous experience have you had completing attendance reports and other paperwork?

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22. Organizational skills are very important for AmeriCorps members. How would you rate your organizational skills?

Check one:       excellent       good       fair       poor

If you rated yourself as fair or poor, how could you improve your skills?

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# LEGAL

Answer the following questions fully. Existence of criminal conviction/adjudication may or may not, depending on the circumstances, disqualify you from consideration. However, any intentional misrepresentation or omission will disqualify you. Do not include minor traffic violations.

### 23. Have you ever been:

- Convicted of any criminal offense by a civilian court or by military authorities? .....  YES  NO
- Adjudicated or held responsible as a juvenile offender of any criminal offense by a civilian court or by authorities? .....  YES  NO

### Are you now:

- Under charges for any offenses or are any civil suits or judgments pending against you? ...  YES  NO
- On probation or parole? .....  YES  NO

If no, skip to "Certification" below.

If you answered yes to any of the questions above, please provide the following information:

Date: \_\_\_\_\_ Place: \_\_\_\_\_  
MONTH/DAY/YEAR CITY STATE

Charge : \_\_\_\_\_ Action Taken: \_\_\_\_\_

Court, Probation, or Parole Officer: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
NAME AREA CODE

Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

***You may attach any additional information or explanation on a separate sheet.***

# CERTIFICATION

**Your application must be certified with your original signature in blue or black ink.**

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 Oswego AmeriCorps member. I also understand that my selection for participation in the Oswego AmeriCorps program will require a background check.

**PRIVACY ACT NOTICE: The Privacy Act of 1974 (5 U.S. C. 552a) requires that the following notice be provided to you: the authority for collecting information from you in this application is contained in 42 U.S.C. 12592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 W.S.C. 4953 of the Domestic Volunteer Service Act of 1973 as amended. You are advised that submission of the information is entirely voluntarily, but the requested information is required in order for you to participate in AmeriCorps programs.**

The principal purpose for requesting this personal information is to process your application for acceptance into an AmeriCorps program and for other general routine purposes associated with your participation in an AmeriCorps program. These routine purposes may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests, to present and former employers, references provided by you in your application, and educational institutions, for the purpose of verifying the information provided by you in your application. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information will not otherwise be disclosed to entities outside of AmeriCorps and the Corporation for National Service without your prior written permission.

\_\_\_\_\_  
SIGNATURE DATE

**For Parent or Guardian of Applicants Under 18 years of Age: I have reviewed this application and I authorize my son/daughter/legal ward to apply to Oswego AmeriCorps.**

\_\_\_\_\_  
SIGNATURE DATE

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE AREA CODE