



# Rural Alaska Community Action Program, Inc.

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731 East 8<sup>th</sup> Avenue; Anchorage, AK 99501  
Phone: (800) 478-7227  
Fax: (800) 478-6343  
www.ruralcap.com



## AMERICORPS MEMBER APPLICATION Resilient Alaska Youth

### APPLICANT PROFILE

*IMPORTANT: PLEASE SEE PROGRAM POSITION DESCRIPTIONS FOR DETAILS ON ROLES/ RESPONSIBILITIES OF THESE SERVICE POSITIONS. (AVAILABLE FROM YOUR LOCAL SPONSORING ORGANIZATION OR RURAL CAP.)*

1. Community: \_\_\_\_\_

2. Name \_\_\_\_\_  
First Middle Last

3. Aliases/Maiden Names: \_\_\_\_\_

4. Social Security Number: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_

6. Are you a U.S. citizen, national, or lawful permanent resident? (If selected, applicant must provide a copy of birth certificate or passport)  YES  NO

7. Address: \_\_\_\_\_  
Box Number or Street City State Zip Code

8. Contact: \_\_\_\_\_  
Home Phone Work Phone E-mail Address (Required)

9. Host Organization Name: \_\_\_\_\_

10. Host Organization Address: \_\_\_\_\_  
Box Number or Street City State Zip Code

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? \_\_\_\_\_**

**EMPLOYMENT**

**16. Are you currently employed?**  YES  NO

**17. 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

**18. Please list any special skills that are relevant:**

\_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY INVOLVEMENT**

**19. Please describe any prior community participation or volunteering:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. 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.

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### PERSONAL MOTIVATION STATEMENT

21. 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 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.

### REFERENCES

22. 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 \_\_\_\_\_

9/6/2016

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

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

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

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

After the interviews, each Member selected for service will commit to fingerprinting and completion of:

- State of Alaska Criminal Background Check
- FBI Criminal Background Check

These will be completed on your first day of Orientation/Training.

**CERTIFICATION**

**Your application must be certified 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: \_\_\_\_\_

Make a copy of this application for yourself before submitting it to the AmeriCorps host organization in your community.

9/6/2016

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**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

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