

Cycle

I. APPLICANT PROFILE

1. **NAME:** _____
Last Middle First

2. **SOCIAL SECURITY NUMBER:** _____

3. **DATE OF BIRTH:** _____ **AGE:** _____
Month Day Year

4. **ARE YOU A UNITED STATES CITIZEN, NATIONAL, OR 'LAWFUL PERMANENT RESIDENT ALIEN'?** _____ YES _____ NO

If you received your lawful permanent resident alien card after January 1987, please indicate the registration number and the cards registration date: _____

5. **CURRENT ADDRESS** (all information will be sent to this address unless you notify us of a change. If your address is a P.O. Box, please note street name and number also.)

Number and Street City State Zip Code

Home Phone Number (include are area code) Work Phone Number (include area code)

6. **PERMANENT ADDRESS** (Please provide an address where you can always be reached, such as the home of a parent, guardian, etc. If a P.O. Box, please note street name and number)

Number and Street City State Zip Code

Home Phone Number (Include area code) Work Phone Number (Include area code)

7. **WHEN ARE YOU AVAILABLE FOR SERVICE?**

If immediately available, check A.S.A.P. _____
 Earliest: Month _____ Year _____
 Latest: Month _____ Year _____

II. ORGANIZATIONAL AND COMMUNITY DEVELOPMENT

8. FORMAL COMMUNITY SERVICE INVOLVEMENT

Please list and describe any community service that you have performed – paid or volunteer. Include neighborhood, school, youth, religious, social, professional, and volunteer groups, community service projects, and other relevant activities. We are specifically interested in activities that demonstrate the following skills and abilities: taking an initiative in starting or carrying out activities; motivating and organizing other people to participate in activities and maintain their involvement; leading, supervising, or managing others; and serving with others in a team environment to successfully complete a task or assignment. List your most recent activities first, and include the dates and frequency of your involvement. Please use additional pages if necessary. (If you do not have formal community service experience, skip to question 9.)

A. **Name of Organization:** _____
 Position Held: _____ Supervisor: _____

(Section II, Continued)

Position Held: _____ Supervisor: _____
 Phone Number: _____ Number of Hours per Month: _____
 Dates of Involvement: From (M/Y): _____ To (M/Y): _____
 Duties/Accomplishments: _____

9. INFORMAL SERVICE EXPERIENCE

On a separate sheet of paper, please list and describe any informal service that you have performed. Think in broad terms. Include, for example, service such as mowing an elderly person's lawn, neighborhood clean-up campaigns, etc. List your most recent activities first and include the dates and frequency of your involvement.

III. EDUCATIONAL BACKGROUND

10. Beginning with the most recent, list all schools attended, including high school, any trade or technical schools, military training, etc. Please use additional pages as necessary.

A. Name of School: _____

Location of School: City: _____ State: _____

Dates Attended: From (M/Y): _____ To (M/Y): _____

B. Name of School: _____

Location of School: City: _____ State: _____

Dates Attended: From (M/Y): _____ To (M/Y): _____

IV. EMPLOYMENT HISTORY

11. ARE YOU EMPLOYED? (Check one) YES _____ NO _____

12. HAVE YOU EVER BEEN EMPLOYED? (Check one) YES _____ NO _____

13. List in the following spaces the last three (3) positions you have held. Begin with your current or most recent employment and go back. Please include any self-employment, home management, and full or part-time salaried employment.

A. Organization: _____ Title/Position Held: _____

Address: _____ City: _____ State: _____ Zip _____

Supervisors Name: _____ Hours Per/Week: _____

Dates Employed: From (M/Y): _____ To (M/Y): _____

Responsibilities: _____

Reason(s) for Leaving: _____

(Section IV ~Employment History~ continued)

B. Organization: _____ Title/Position Held: _____
 Address: _____ City: _____ State: _____ Zip _____
 Supervisors Name: _____ Hours Per/Week: _____
 Dates Employed: From (M/Y): _____ To (M/Y): _____
 Responsibilities: _____
 Reason(s) for Leaving: _____

C. Organization: _____ Title/Position Held: _____
 Address: _____ City: _____ State: _____ Zip _____
 Supervisors Name: _____ Hours Per/Week: _____
 Dates Employed: From (M/Y): _____ To (M/Y): _____
 Responsibilities: _____
 Reason(s) for Leaving: _____

V. LEGAL QUESTIONNAIRE

IMPORTANT ~ Please read carefully!

Existence of a criminal conviction/adjudication may or may not, depending on said circumstances, disqualify you from consideration. However, misrepresentation of that record – (lying, not telling the whole truth) – will disqualify you. A 'Background Check' may be pursued.

14. Have you ever been convicted or adjudicated, as a juvenile/adult offender, of any criminal offense by a civilian or military court? (Do not include minor traffic violations. If your answer is 'no', then skip to question 18.)

NO YES (If 'yes'. Then complete questions 15-17)

15. Are you now under charges for any offenses or are any civil suits or judgments pending against you? (Do not include charges for minor traffic offenses.)

NO YES (If you answered 'no', then skip to question 18)
 (If you answered 'yes', then complete questions 16-17)

Charge(s): _____
 Date(s): _____ Location: _____
 Action Taken: _____

16. Are you now on probation or parole? (BE SPECIFIC)

NO YES (If 'yes', then specify: _____)



New Jersey Youth Corps of Phillipsburg

17. Provide the name, address, and phone number of the court, probation/parole officer who we can contact to verify the above information

Name: _____ Title: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

VI. SKILLS

18. List any special skills that you feel may be of value. (For example, child care, construction, computer skills, writing, etc.)

VII. PERSONAL MOTIVATION STATEMENT

On a separate sheet of paper, please answer the following essay questions: What do you hope to gain by joining Youth Corps? How would your Youth Corps experience advance your personal and professional goals? (100 to 500 words total)

Please spend some time answering this answer. The motivation statement is an important part of your application. There is no right or wrong way to do this, just be thoughtful and honest in preparing your answer.

VIII. CERTIFICATION

19. Please read the following carefully and sign below ~

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 misrepresenting or omitting of information could/may result in disqualification and/or termination from the New Jersey Youth Corps. I also understand that the information provided herein may be used to process my application for acceptance into New Jersey Youth Corps and for other general routine purpose by local programs and/or the Corporation for National Service, and it will not be disclosed outside of these entities without prior written permission.

Applicant Signature: _____ Date: _____

Staff Member Signature: _____ Date: _____

For the Parent of Guardian of Applicants Under the Age of 18

I have reviewed this application and understand the responsibilities and benefits associated with Youth Corps. I authorize my son/daughter/legal ward to apply and participate in Youth Corps.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Applicant: _____

Phone Numbers: Work: (_____) _____ Home: (_____) _____

Address: _____

Street

City

State

Zip Code



New Jersey Youth Corps of Phillipsburg

New Jersey Youth Corps of Phillipsburg Emergency Data Form

Date: _____

Last Name: _____ First Name: _____ Middle: _____

Address: _____
Street City State Zip

Phone: _____ Social Security Number: _____

Age: _____ Date of Birth: _____ Sex: Male Female

EMERGENCY CONTACT INFORMATION

New Jersey Youth Corps Staff needs to be able to contact someone in case of an emergency. Please provide the information of the individual(s) you would have us call in the unfortunate event of emergency.

Last Name: _____ First Name: _____ Middle: _____

Address: _____
Street City State Zip

Phone: _(H) _____ (W) _____

Relationship to you: _____

CHILD CARE PROVIDER (IF APPLICABLE)

If applicable, please include the information of any Child Care Provider that you mat have.

Provider: _____ Phone: _____

Address: _____
Street City State Zip

PARENT/GUARDIAN INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Address: _____
Street City State Zip

Phone: _(H) _____ (W) _____

Relationship to you: _____



New Jersey Youth Corps of Phillipsburg

NAME: _____

MEDICAL INFORMATION

1. Do you have any Medical Alert Information that the New Jersey Youth Corps/AmeriCorps should be aware of? Please answer questions a-f, yes, no, or 'not sure'.

- a. Allergies? _____
- b. Allergic to bee stings/bug bites? _____
- c. Asthma? _____
- d. Prone to Poison Ivy? _____
- e. Diabetic? _____
- f. Epileptic? _____
- g. Do you require any medications? _____
(This may be discussed in private)

Medication Name(s): _____
Frequency: _____

2. Is there any other medical condition we should be aware of? If so, please briefly explain the condition.

3. Do you have any health problems that may prohibit you from doing certain activities? Please explain:

4. Are you currently taking any prescribed medications? If so, please list the reasons.

5. Do you have any known allergies to certain foods or over-the-counter medicines? If so, please list them with any explanation.

Please note: If you have any changes to your emergency medical needs, or have any changes to your status, notify a staff member as soon as possible!

Corpsmember Name: _____ Date: _____

Corpsmember Signature: _____

NJYC Staff Member Name: _____ Date: _____

NJYC Staff Member Signature: _____

Corpsmember Handbook Agreement

I, _____ have received a copy of the New Jersey Youth Corps of Phillipsburg handbook. I have reviewed the handbook and acknowledge that I am responsible for its contents. By signing this agreement, I am also giving my consent to submit to a random screening for the purposes of ascertaining chemical dependency or use. I understand that positive results from screening can/will lead to my immediate dismissal from the New Jersey Youth Corps of Phillipsburg.

I understand and accept the New Jersey Youth Corps of Phillipsburg's policies and procedures as presented in this handbook.

Corpsmember Name: (print) _____

Corpsmember Signature: _____ AGE: _____

*If Student is under 18, the following information is **MANDATORY:***

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Staff Member Signature: _____

Date: _____



Photo Release Form

I hereby grant permission to the New Jersey Department of Labor & Workforce Development (NJDOL&WD) and the New Jersey Youth Corps of Phillipsburg (NJYCP) to use my photograph in official printed publications without further consideration, and I acknowledge the State's right to crop or treat the photograph at its discretion. I also acknowledge that the NJDOL&WD or NJYCP may choose not to use my photo at this time, but may do so at its own discretion at a later date.

I agree to indemnify and hold harmless from any claims the following:

- the New Jersey Department of Labor & Workforce Development
- The New Jersey Youth Corps of Phillipsburg
- State of New Jersey

Name (print):

Signature:

Date: _____

Application Checklist:

Did you remember to:

	YES	NO
Fill out the application in Blue or Black ink?	_____	_____
Complete and include your essay?	_____	_____
Provide your Birth Certificate?	_____	_____
Provide your Social Security Card?	_____	_____

We will only consider your application if you can answer 'yes' to all the above questions!

A large, light blue watermark logo for New Jersey Youth Corps of Phillipsburg, featuring the text "New Jersey Youth Corps of Phillipsburg" in a stylized font, overlaid on a yellow map of New Jersey.