



Grays Harbor Medical Reserve Corps
Co: Grays Harbor Public Health and Social Services
2109 Sumner Ave.
Aberdeen, WA 98520

Contact Person: Nora LeBlanc
Phone Number: (360) 532-8631, ext. 484
E-Mail Address: nleblanc@co.grays-harbor.wa.us

AmeriCorps*VISTA Application Grays Harbor Medical Reserve Corps AmeriCorps*Vista Member Position

- This application is only to be used for the Grays Harbor Medical Reserve Corps.
- For additional information, please use the contact above. This will help you better understand the commitment you will be making, the benefits you will be receiving, and the kind of service you will be providing to the community. You may also contact the person above with any questions.
- For your references, select people who you know well and who are familiar with your personal background, education, employment, and/or professional skills. You should not ask a family member, peer, classmate, co-worker, or friend to serve as a reference. Consider asking work supervisors, clergy, teachers, counselors, coaches, or someone else familiar with your motivation and community involvement.
- Be sure to make a copy of your application for your personal records before you send it in.
- Mail your completed application to:

Grays Harbor Public Health and Social Services
ATTN: Grays Harbor Medical Reserve Corps
Nora LeBlanc
2109 Sumner Ave
Aberdeen, WA 98520

- A completed application may also be sent via e-mail to:

nleblanc@co.grays-harbor.wa.us



*Grays Harbor Medical Reserve Corps
Volunteers Building Strong, Healthy and Prepared Communities*

PERSONAL PROFILE

1. NAME (last, middle, first): _____
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 your registration number and card expiration date? _____
3. SOCIAL SECURITY NUMBER: _____
4. DATE OF BIRTH (month, day, year): _____
5. PLACE OF BIRTH (city, state, country): _____
6. GENDER: Male Female
7. Earliest date you are available to begin service: _____
8. CURRENT ADDRESS: All information will be sent to this address unless you notify us of a change.
Address: _____
City _____ State: _____ Zip code: _____
Home Phone: _____ Work Phone: _____ E-mail: _____
9. Are you moving within the next six months? Yes No If yes, when? _____
10. PERMANENT ADDRESS: (if different than above)-Please give the name and address of a person through whom you can always be reached:
Name: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip code: _____
Home Phone: _____ Work Phone: _____ E-mail: _____

EDUCATION

11. 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's degree Graduate degree
 High school diploma or GED Some college Other (please specify): _____
 Technical school/apprenticeship Bachelor's degree _____
12. List all schools after high school that you have attended, including trade or technical schools, military training, and employment training programs. List most recent first.
Name of school: _____
Location of school (city, state): _____
Dates attended (month, year to month, year): From: _____ To: _____
Major or area of study: _____
Type of degree or certificate: _____
Date received or expected: _____

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Major or area of study: _____
Type of degree or certificate: _____
Date received or expected: _____

COMMUNITY SERVICE

13. 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 get involved, what you learned, and how it made you feel. Think in broad terms. (500 words) _____

14. How have you been involved in your community? (list your most recent activity first)

Organization name: _____
Location: _____
Phone: _____
Dates of involvement (month, year to month, year): From: _____ To: _____
Description of involvement: _____
Hours per month: _____

Organization name: _____
Location: _____
Phone: _____
Dates of involvement (month, year to month, year): From: _____ To: _____
Description of involvement: _____
Hours per month: _____

Organization name: _____
Location: _____
Phone: _____
Dates of involvement (month, year to month, year): From: _____ To: _____
Description of involvement: _____
Hours per month: _____



15. Have you previously served in AmeriCorps? Yes No If yes, complete below. If no, proceed to question #17.

Kind of program: AmeriCorps*VISTA AmeriCorps*NCCC AmeriCorps*State and National
Program location (city, state): _____

Dates of involvement (month, year to month, year): From: _____ To: _____

Did you complete your term of service? Yes No If no, why not? _____

Did you earn your education award? Yes No If no, why not? _____

Kind of program: AmeriCorps*VISTA AmeriCorps*NCCC AmeriCorps*State and National
Program location (city, state): _____

Dates of involvement (month, year to month, year): From: _____ To: _____

Did you complete your term of service? Yes No If no, why not? _____

Did you earn your education award? Yes No If no, why not? _____

Kind of program: AmeriCorps*VISTA AmeriCorps*NCCC AmeriCorps*State and National
Program location (city, state): _____

Dates of involvement (month, year to month, year): From: _____ To: _____

Did you complete your term of service? Yes No If no, why not? _____

Did you earn your education award? Yes No If no, why not? _____

EMPLOYMENT

16. 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. You may attach a resume instead only if it addresses the information requested below.

Name of organization: _____

City, state: _____

Dates employed (month, year to month, year): From: _____ To: _____

Job title: _____

Duties: _____

Hours per week: _____

Reason for leaving: _____

Supervisor name: _____

Supervisor phone: _____

Supervisor e-mail: _____

Name of organization: _____

City, state: _____

Dates employed (month, year to month, year): From: _____ To: _____

Job title: _____

Duties: _____

Hours per week: _____

Reason for leaving: _____

Supervisor name: _____

Supervisor phone: _____

Supervisor e-mail: _____

Name of organization: _____
City, state: _____
Dates employed (month, year to month, year): From: _____ To: _____
Job title: _____
Duties: _____
Hours per week: _____
Reason for leaving: _____
Supervisor name: _____
Supervisor phone: _____
Supervisor e-mail: _____

Name of organization: _____
City, state: _____
Dates employed (month, year to month, year): From: _____ To: _____
Job title: _____
Duties: _____
Hours per week: _____
Reason for leaving: _____
Supervisor name: _____
Supervisor phone: _____
Supervisor e-mail: _____

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

MOTIVATIONAL STATEMENTS

18. Why do you want to join AmeriCorps? What could you contribute to your AmeriCorps project? What do you hope to gain from serving as an AmeriCorps member? (500 words) _____

SKILLS

19. Listed below are skill areas that some program find useful and 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

- Architectural Planning: _____
 Business/Entrepreneur: _____
 Communications: _____
 Community Organizational Development: _____
 Computers/Technology: _____
 Conflict Resolution: _____
 Counseling: _____
 Education: _____



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- Fine Arts/Crafts: _____
- First Aid: _____
- Fundraising/Grant Writing: _____
- Law: _____
- Leadership: _____
- Medicine: _____
- Public Health: _____
- Public Speaking: _____
- Recruitment: _____
- Teaching/Tutoring: _____
- Trade Construction: _____
- Writing/Editing: _____
- Youth Development: _____
- Other (specify): _____
- Other (specify): _____
- Other (specify): _____

20. Do you know or have you studied any language other than English? Yes No

Language: _____ Number of Years Studied or Spoken _____

Speaking Ability: Poor Fair Good Excellent

Writing Ability: Poor Fair Good Excellent

21. Provide any additional skills and experience that may be helpful in evaluating your application:

22. Do you have a valid driver's license? Yes No

REFERENCES

Please list the names of two references. Select people who you know well and who are familiar with your personal background, education, employment, and/or professional skills. You should not ask a family member, peer, classmate, co-worker, or friend to serve as a reference. Consider asking work supervisors, clergy, teachers, counselors, coaches, or someone else familiar with your motivation and community involvement.

List two people who will be providing references for you.

23. Reference #1

Name of reference: _____

Position/title: _____

Organization: _____

Address: _____

City: _____

State: _____

Zip code: _____

Phone: _____

E-mail: _____

Name of reference: _____

Position/title: _____

Organization: _____

Address: _____

City: _____

State: _____

Zip code: _____

Phone: _____

E-mail: _____

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. You are entitled to a copy of the findings.

For the following, include criminal/adjudication information for the past 10 years:

23. Have you ever been convicted, or adjudicated as a juvenile offender, of any criminal offense by either a civilian or military court, other than minor traffic violations? Yes No

Are you now:

• under charges for any offenses? 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: _____

City, State: _____

Charge: _____

Action taken: _____

Court, probation, or parole officer name: _____

Phone: _____

Address: _____

Additional information or explanation (optional): _____

CERTIFICATION

Your application must be certified with your original signature in ink. If you are applying to more than one AmeriCorps program, make a copy for each program that you're applying to first, then sign each one.

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 misinformation or omission of information could result in disqualification and/or termination as an AmeriCorps member. I also understand that my selection for participation in some AmeriCorps programs, including AmeriCorps*NCCC, will require a physical examination, including drug and alcohol testing. Background and security checks will be conducted.



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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 U.S.C 4953 of the Domestic Volunteer Service Act of 1973 as amended. You are advised that submission of the information is entirely voluntary, 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 Grays Harbor County and AmeriCorps and the Corporation for National and Community Service without your prior written permission.

SIGNATURE

DATE

For Parent or Guardian of Applicants Under 18 Years of Age:

(Must be 18 by August, 15, 2010) I have reviewed this application and I authorize my son/daughter/legal ward to apply to AmeriCorps.

Name: _____

Relationship: _____

Address: _____

City: _____

State: _____

Zip code: _____

Home Phone: _____

Work Phone: _____

E-mail: _____