



Silicon Valley HealthCorps
Member Application

I. PARTICIPANT PROFILE

AMERICORPS APPLICATION

Silicon Valley HealthCorps
Application Instructions

AmeriCorps is the national service initiative signed into law in 1993 by President Clinton. Silicon Valley HealthCorps Members will help to increase knowledge of healthy behaviors and increase fruit and vegetable consumption through the development of community and school gardens, and farm-to-school programs. In return, AmeriCorps Members will receive a stipend and educational awards for future schooling or to settle student loans.

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 AmeriCorps. Consider each section carefully and respond to the best of your ability. Think about your role in community based service experiences, academic experiences, and personal talents. Take into account everything from your past and present. Your application creates a picture of you and what you bring to the Silicon Valley HealthCorps. Make sure that this application accurately reflects all the qualities that make you a good candidate.

Form with fields for: Last Name, First Name, Middle Initial, E-mail Address, Age question, Current Address, City, State, Zip Code, Permanent Address, Daytime Phone, Evening Phone, Citizenship question, Program question, Position question, and Return completed application materials to: Silicon Valley HealthCorps, c/o The Health Trust, 2105 S. Bascom Ave. Suite 220, Campbell, CA 95008.

## II. PERSONAL STATEMENTS

Please answer the following on a separate sheet (1 typed paragraph up to 500 word maximum **per question**):

1. Why do you want to join the Silicon Valley HealthCorps team?
2. If selected as a Member, what expectations do you have for this experience?
3. Describe your past experience working with volunteers, youth education programs, farms and gardens, or nutrition programs.

## III. COMMUNITY ACTIVITIES

List and describe your community-based service experience. Include social, school, professional, and neighborhood programs.

Name of Group	Dates of Participation	Description of Activities

## IV. SKILLS

Check the boxes on the list below to indicate which areas you have had significant experience or training including volunteer or community service experience. **Briefly describe your experiences in each of the skill areas you checked on a separate sheet of paper.**

- |   |  |
|---|--|
| <input type="checkbox"/> Teaching/Tutoring/Mentoring  | <input type="checkbox"/> Health/Nutrition                |
| <input type="checkbox"/> Communication/Journalism     | <input type="checkbox"/> Volunteer Coordination          |
| <input type="checkbox"/> Multi-Cultural Awareness     | <input type="checkbox"/> Program Coordination/Evaluation |
| <input type="checkbox"/> CPR/First Aid                | <input type="checkbox"/> Gardening/Farming               |
| <input type="checkbox"/> Working with Youth           | <input type="checkbox"/> Computer Skills                 |
| <input type="checkbox"/> Public Speaking              | <input type="checkbox"/> Other (specify) _____           |
| <input type="checkbox"/> Bilingual (Which Languages?) |  |

## V. EDUCATIONAL BACKGROUND

What is the **highest grade level** of education that you have completed? (Check only one)

- |  |   |
|--|---|
| <input type="checkbox"/> Less than high school completed | <input type="checkbox"/> G.E.D. or equivalent             |
| <input type="checkbox"/> High school graduate            | <input type="checkbox"/> Some college or technical school |
| <input type="checkbox"/> Associate degree                | <input type="checkbox"/> Bachelor's degree                |
| <input type="checkbox"/> Graduate/Professional study     | <input type="checkbox"/> Graduate/Professional degree     |
| <input type="checkbox"/> Other (specify) _____           |   |

Beginning with the most recent, list all schools attended (i.e., high school, trade or technical schools, colleges, etc.)

Name of school	Location (City/State)	Dates Attended (MM/YR–MM/YR)	Area of Study (Major/Minor)	Degree/Cert. Date Received

**VI. REFERENCES**

Are you currently employed?  Yes  No If yes, how many hours per week? \_\_\_\_\_

Please list your work experience (include: self-employment, home management, military service, full or part-time employment). Start with your most recent experience. Photocopy this page if additional space is needed.

Employer Telephone (    )	Dates Employed
Address	
Job Title	
Supervisor	
Reason for Leaving	
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Summary of work and job duties	

Employer Telephone (    )	Dates Employed
Address	
Job Title	
Supervisor	

<b>Reason for Leaving</b>
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Summary of work and job duties</b>

<b>Employer</b> Telephone (    )	<b>Dates Employed</b>
<b>Address</b>	
<b>Job Title</b>	
<b>Supervisor</b>	
<b>Reason for Leaving</b>	
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Summary of work and job duties</b>	

**VII. Service Sites**

Please indicate the site(s) you are interested in working with.

- |   |  |
|---|--|
| <input type="checkbox"/> Full Circle Farm | <input type="checkbox"/> The Health Trust                  |
| <input type="checkbox"/> The HEAL Project | <input type="checkbox"/> Guadalupe River Parks and Gardens |
| <input type="checkbox"/> Veggielution     | <input type="checkbox"/> Santa Clara University            |
| <input type="checkbox"/> Conexions        | <input type="checkbox"/> CAFF                              |
| <input type="checkbox"/> Collective Roots | <input type="checkbox"/> No Preference                     |
| <input type="checkbox"/> Schmahl Science  |  |

**VIII. Criminal History**

Are you currently out on bail, or released on your own recognizance pending trial or have a pending warrant?  
 Yes  No

Have you ever been convicted of a criminal offense? Disclosing this information will not necessarily affect your eligibility to participate in the program. However, failure to disclose may lead to dismissal from your position.  Yes  No

If the answer to either one is YES, please state the nature of the offense(s), the date and court where convicted and case deposition. \_\_\_\_\_

**IX. Certification**

*I hereby certify that the information provided on this application is correct to the best of my knowledge. I understand that any misinformation or material omission could result in unfavorable consideration or immediate dismissal. By signing below, I release this information for verification and evaluation purposes, including a criminal background check. I give Silicon Valley HealthCorps the right to investigate my criminal record, understanding that a criminal record is not necessarily a restriction to selection, as convictions will be considered only if they are substantially related to this particular position.*

Signature \_\_\_\_\_ Date \_\_\_\_\_