



# AmeriCorps Project Conserve

## 2020 COVID-19 Relief Member Application



**Positions open until filled**

For questions, please contact Amy Stout at  
828-697-5777 ext. 217 or [projectconserve@conservingcarolina.org](mailto:projectconserve@conservingcarolina.org)

Your Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Permanent Mailing Address: \_\_\_\_\_  
Current Mailing Address (if different from above): \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

What is the best way to reach you? \_\_\_\_\_  
Are there any circumstances that would impact your ability to be reached (due to travel, remote location, moving, etc.)?  
\_\_\_\_\_

### AMERICORPS SERVICE

*In the space below, describe any previous AmeriCorps service. In the reflection section, elaborate on why you decided to get involved and how you benefited from the service.*

#### PREVIOUS AMERICORPS TERMS

Have you previously served in AmeriCorps?  NO  YES  
If "yes," check all that apply:  
 AmeriCorps \*VISTA  AmeriCorps \*NCCC  AmeriCorps \*State or National Program

DATES OF INVOLVEMENT: From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_

Did you complete your term of service?  YES  NO  
Program Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Involvement and Reflection on Experience:  
\_\_\_\_\_  
\_\_\_\_\_

### APPLICANT SKILLS & EXPERIENCE:

*Please indicate those areas in which you have significant experience or training.*

<input type="checkbox"/> Volunteer Coordination	<input type="checkbox"/> Working with Underserved Communities	<input type="checkbox"/> Health Education
<input type="checkbox"/> Community Outreach	<input type="checkbox"/> Disaster Response & Preparedness	<input type="checkbox"/> Social Media
<input type="checkbox"/> Communications	<input type="checkbox"/> Project Management	<input type="checkbox"/> Skills not listed: _____
<input type="checkbox"/> HTML / Web Design	<input type="checkbox"/> Spanish Language	
<input type="checkbox"/> Writing		
<input type="checkbox"/> Public Speaking		

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## REFERENCES

Please list TWO professional references (please let them know we may be contacting them):

#1 – Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
How long has this person known you? \_\_\_\_\_

#2 – Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
How long has this person known you? \_\_\_\_\_

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## SHORT ANSWERS

Please answer the following questions.

1. Please describe why you want to serve in the AmeriCorps COVID-19 Relief program.
  
  
  
  
  
  
  
  
  
  
2. Describe your involvement in community service. How have you reached out to help others in your community? Elaborate on why you decided to get involved and the impact of your service on yourself and others.

## POSITION SELECTION AND RANKING

**Rank the positions below from first choice (#1) to last choice. Apply for as many positions as you wish.**

- \_\_\_\_\_ Blue Ridge Health-----AmeriCorps Community Health & Outreach Specialist
- \_\_\_\_\_ Homeward Bound of WNC -----AmeriCorps Welcome Home Member
- \_\_\_\_\_ Only Hope -----AmeriCorps Care & Outreach Coordinator
- \_\_\_\_\_ American Red Cross serving WNC -----AmeriCorps Preparedness & Outreach Team Member
- \_\_\_\_\_ United Way of Asheville & Buncombe County-----AmeriCorps COVID-19 Volunteer Engagement and Referral Specialist
- \_\_\_\_\_ Veteran’s Healing Farm -----AmeriCorps Farm Support Member