

Summer of Service 2024

Application Form



For questions, please call 828-697-5777 or email
pam@conservingcarolina.org

APPLICANT INFORMATION

Your Legal Name: _____ Nickname: _____

Date of Birth: _____ Age: _____

High School: _____ Grade Level: _____

Graduation Date (Anticipated or Actual): _____

Preferred Language: _____

Current Address

Street: _____ City: _____

State: _____ Zip Code: _____

Contact Information

Email Address: _____

Home Phone: _____ Mobile Phone: _____

The best way and time of day to reach me is: _____

How did you hear about Summer of Service? _____

Previous AmeriCorps Service

Have you previously served in AmeriCorps? Yes No

If "yes," describe your previous AmeriCorps Service:

Program Name: _____ Location: _____

From (mo/yr): _____ To (mo/yr): _____

Did you complete your term of service? Yes No

OPTIONAL INFORMATION

The information in the section below is optional (for demographic data only) and will not be used in making selection decisions. Describe yourself, check all that apply:

- African American Alaskan Native Asian American Hispanic/Latino
 Middle Eastern Indian Subcontinent Native American Indian
 Pacific Islander White/Caucasian Other: _____

CERTIFICATION

Are you a U.S. citizen, national, or lawful permanent resident of the U.S.? Yes No

Are you willing to submit to a Criminal History Check?

Yes

No

Have you ever been convicted of a felony?

Yes

No

If "YES," please explain: _____

If selected into the program, I understand that I will be required to provide eligibility documentation, including birth certificate or passport copy, valid photo ID, and Social Security card copy before the start of service.

Yes

No

Are you available for the duration of time from June 17 to July 26? Yes

No

Do you have any date conflicts during this time? Please describe: _____

The policy and intent of Conserving Carolina and Summer of Service is to provide equal employment opportunity to all persons regardless of race, color, religion, national origin, marital status, political affiliation, sexual orientation or gender identity, disability, sex or age, or other status protected by law. Individuals with disabilities are encouraged to apply. AmeriCorps Project Conserve will provide reasonable accommodations to individuals with known mental / physical disabilities.

This position requires participants to perform work that is physically strenuous and repetitive in sometimes adverse weather conditions, such as rain or heat, for up to 8 hours per day. Are you able to meet these demands, with or without accommodations?

Yes

No

SHORT ANSWERS

Please answer each of the following questions in the space provided

1. Why do you want to serve in the AmeriCorps Summer of Service team?

2. Please describe how this AmeriCorps position will benefit you personally and professionally.

I am interested in working to contribute to my community and to enhance and maintain the natural and cultural resources of western North Carolina. I certify that all information I have given above is true and correct to the best of my knowledge. I understand that incorrect statements constitute grounds for immediate dismissal.

Applicant Signature: _____

Date: _____

PARENT/LEGAL GUARDIAN PERMISSION

I, the parent/legal guardian of the under-18 applicant, have discussed this program with the applicant and I authorize him/her to apply.

Parent/Guardian Printed Name: _____

Email Address: _____ **Phone Number:** _____

Parent/Guardian Signature: _____ **Date:** _____

SUBMISSION INSTRUCTIONS

This application must be filled out completely to determine applicant's eligibility and availability. Incomplete applications may have to be rejected. Participants must be at least 17 years of age on the first day of service (June 17, 2024).

1. Drop off your application at Conserving Carolina at 847 Case Street Hendersonville, NC 28792 or email a complete, signed application form to pam@conservingcarolina.org. If you do not have access to a printer or email, please call 828-697-5777 to arrange for a paper application.
2. Choose **two** individuals who know you well and can recommend you for participation in the Summer of Service program (ex. guidance counselor, teacher). Send each person the Recommendation Form and ask them to email the completed form to pam@conservingcarolina.org.