

Project REBUILD / YouthBuild AmeriCorps Application



By completing and submitting the following application to Project REBUILD, Inc., you are applying to serve my community by building or rehabilitating affordable housing for low-income individuals. As an AmeriCorps member, you are joining an initiative that engages more than 85,000 individuals per year in community service. In return for their service, AmeriCorps members receive an Education Award that can be used to pay for college tuition or qualified student loans. *For more specific information about the position, please see attached Position Description.*

Section 1: Applicant Information			
Print Name:	Last	First	Middle Initial
Address (Street name and number)		Date of Birth (month/day/year)	
City	State	Zip Code	Social Security #
Do you receive any of the following (check all that apply): <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) <input type="checkbox"/> SNAP (Food stamps) <input type="checkbox"/> Medicaid <input type="checkbox"/> SCHIP (State Children's Health Insurance Program) <input type="checkbox"/> Section 8 Housing assistance		Annual Household Income: \$ _____	
Do you have a GED/High School Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include school name and year obtained: _____		What type of slot are you applying for? (if applicable) <input type="checkbox"/> FT <input type="checkbox"/> HT <input type="checkbox"/> RHT <input type="checkbox"/> QT <input type="checkbox"/> MT	
Are you currently employed and/or have been employed in the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please circle FT/PT and name of employer: _____			
<i>What experience, if any, have you had serving your community?</i>			
Section 2: Personal Statements			
1. We would like to understand more about your reasons for applying to AmeriCorps. Take a few minutes to consider why you would like to become an AmeriCorps member and please share with us the answer to this question. If you need additional space, attach your answer on a separate piece of paper.			

2. As a follow up to the question above, why should we select you to become an AmeriCorps member?

3. In your opinion, why is it important to serve your local community?

Section 3: Certification

By signing this application, 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. Misinformation or omission of information could result in disqualification or termination as an AmeriCorps member. If I am selected for participation in this AmeriCorps programs, I may be required to submit to drug or alcohol testing. I also understand that my acceptance in AmeriCorps and at a service site is conditional upon clearing a National Sex Offender Public Website (NSOPW) check, a state criminal history check in <OHIO>, and an FBI Criminal Background Check.

Signature:

Date:

Print Name:

Last

First

Middle Initial

Section 4: Parental Consent for Applicants Under the Age of 18 (if applicable)

I have reviewed this application and I authorize my son/daughter/legal ward to apply to AmeriCorps.

Signature:

Date:

Relation to Applicant:

Print Name:

Last

First

Middle Initial

Address (Street name and number)

Phone Number