

ILLINOIS PUBLIC HEALTH AMERICORPS PROGRAM APPLICATION FORM

Instructions to Applicant:

- Please type or print clearly in ink.
- Answer each question completely and thoughtfully.
- If you need additional space to complete or explain an answer, use a separate sheet of paper and attach it to the application.
- Please attach your resumé to the completed application.
- More information can be found at www.ipha.com
- Return the completed application form and resumé to:

AmeriCorps Program
Illinois Public Health Association
223 S. Third St.
Springfield, IL 62701
FAX: 217/522-5689

Deadline for applying is June 20, 2008.
Applications must be received by that date to be considered.

How did you hear about the Illinois Public Health AmeriCorps program? _____

I. APPLICANT PROFILE

Name: _____
First Last Middle

Are you at least 17 years of age by September 2, 2008 Yes No

Are you a United States citizen, national or lawful permanent resident alien? Yes No

If you received your lawful permanent resident alien card after January 1987, please indicate the registration number and the card's expiration date: _____

Current Address: *(All information will be sent to this address unless you notify us of a change.)*

Number and Street City State Zip Code

Main Contact Phone (include area code) Alternative Phone (include area code)

Email Address: _____

What are your areas of interest in public health? (examples: Food and Nutrition, Health Education, Environmental Health, or Bio-terrorism and Emergency Preparedness) _____

Please list top choices for host site location: (see Attachment A for listing) _____

II. ORGANIZATIONAL AND COMMUNITY INVOLVEMENT

Have you ever served in any national service program? Yes No

If yes, indicate the program name, dates of service and the location site. Include any program you served in, even if you were released or left the program before completing the full term of service.

AmeriCorps*Vista AmeriCorps *NCCC Other AmeriCorps program (please specify): _____

Position held _____

From: month _____ year _____ To: month _____ year _____

Supervisor Name: _____ Phone number (include area code): _____

PeaceCorps

United States Armed Forces

Branch of Service: _____ Type of Discharge: _____

Discharge Date: month _____ year _____

Are you currently a member of the ROTC, National Guard, or Reserve? Yes No

Community Service Involvement

Please list and describe any community service that you have performed – paid or volunteer. Include neighborhood, school, youth, religious, social, professional, and volunteer groups, community service projects and other relevant activities. List your most recent activities first.

III. EDUCATIONAL BACKGROUND

Check all that apply:

Technical school/Apprenticeship

GED

High School diploma

Some college - Major: _____

Associates Degree – Major: _____

Bachelors Degree – Major: _____

Graduate Study – Major: _____

Graduate Degree – Major: _____

Other (please specify): _____

Beginning with the most recent, list all schools attended including high school, any trade or technical schools, military training, employment training program, college, etc.

Name of School: _____

City: _____ State: _____

Dates Attended: From: month _____ year _____ To: month _____ year _____

Major/Minor: _____ Area of Study: _____

Type of Degree/Certificate: _____ Date Received or Expected: _____

Name of School: _____
City: _____ State: _____
Dates Attended: From: month _____ year _____ To: month _____ year _____
Major/Minor: _____ Area of Study: _____
Type of Degree/Certificate: _____ Date Received or Expected: _____

Name of School: _____
City: _____ State: _____
Dates Attended: From: month _____ year _____ To: month _____ year _____
Major/Minor: _____ Area of Study: _____
Type of Degree/Certificate: _____ Date Received or Expected: _____

IV. EMPLOYMENT HISTORY

List the last three positions you have held. Begin with the present or most recent. Please include any self-employment, home management, full or part-time, or salaried employment.

Employer: _____ Your Position: _____
Address: _____ City: _____ State: _____ Zip: _____
Name of Supervisor: _____ Phone Number *(include area code)*: _____
Hours per week: _____ From: month _____ year _____ To: month _____ year _____
Responsibilities: _____

Reason for Leaving: _____

Employer: _____ Your Position: _____
Address: _____ City: _____ State: _____ Zip: _____
Name of Supervisor: _____ Phone Number *(include area code)*: _____
Hours per week: _____ From: month _____ year _____ To: month _____ year _____
Responsibilities: _____

Reason for Leaving: _____

Employer: _____ Your Position: _____
Address: _____ City: _____ State: _____ Zip: _____
Name of Supervisor: _____ Phone Number *(include area code)*: _____
Hours per week: _____ From: month _____ year _____ To: month _____ year _____
Responsibilities: _____

Reason for Leaving: _____

Explain periods of time greater than six months not otherwise accounted for by employment, school or military service. Give specific dates for each period.

VII. REFERENCES

Please provide three references that are not related to you.

Only one reference may be personal (friend). The other two must be professional (work, school, etc.).

Name: _____ Position: _____

Day Phone: _____ Evening Phone: _____

Professional Reference Personal Reference

Name: _____ Position: _____

Day Phone: _____ Evening Phone: _____

Professional Reference Personal Reference

Name: _____ Position: _____

Day Phone: _____ Evening Phone: _____

Professional Reference Personal Reference

VIII. CERTIFICATION

This application must be certified with your original signature in ink. Please read the statement below carefully before signing. Unsigned applications and applications with photocopied signatures will not be considered for the position.

I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge. I understand that misinformation or omission of information could result in disqualification and/or termination as an AmeriCorps member. I also understand that the information provide herein may be used to process my application for acceptance into AmeriCorps and for other general routine purposes by the Illinois Public Health AmeriCorps Program, its program sites, the Illinois Commission on Volunteerism and Community Service, and/or the Corporation for National and Community Service, and will not be disclosed outside of these entities without prior written permission.

Signature: _____ Date: _____