



# Apprenticeship Program Application

Please type or print clearly. If you need to receive an application in another format, please contact your local Public Allies site.



## GENERAL INFORMATION

Name \_\_\_\_\_

Current Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a U.S. Citizen or Permanent Resident Alien?  Yes  No

Do you speak any languages other than English?  Yes  No

How did you find out about Public Allies?

- |  |  |
|--|--|
| <input type="checkbox"/> Public Allies flier         | <input type="checkbox"/> I know a former or current Ally. Name _____                 |
| <input type="checkbox"/> Public Allies advertisement | <input type="checkbox"/> AmeriCorps  |
| <input type="checkbox"/> Public Allies website       | <input type="checkbox"/> I know someone else involved with Public Allies. Name _____ |
| <input type="checkbox"/> Public Allies presentation  | <input type="checkbox"/> Community Organization                                      |
| <input type="checkbox"/> Other website _____         | <input type="checkbox"/> Other, explain: _____                                       |

Are you applying to another Public Allies site?  Yes  No If yes, which one? \_\_\_\_\_

Have you previously enrolled in an AmeriCorps program?  Yes  No

If yes, how many terms have you been enrolled in AmeriCorps? Where and When? \_\_\_\_\_

## SUMMER INFORMATION (if different)

Summer Address \_\_\_\_\_

Summer Phone \_\_\_\_\_ Effective Date month / day / year thru month / day / year \_\_\_\_\_

## OTHER INFORMATION

If child care is available, will you need it?  Yes  No

Do you have a valid driver's license?  Yes  No

Do you own a car?  Yes  No

Public Allies strives to support a diverse group of Allies. We will work hard to find ways to accommodate both the needs of our Allies and our Partner Organizations for participation in our program.

## EMPLOYMENT

Please list your two most recent job-related experiences. Begin with your most recent experience. Include the name of a reference from that job with a phone number if we may contact them. If you have multiple job experiences, only list the two most recent jobs and list the remaining on your resume.

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Employer

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Address

month / day / year thru month / day / year

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Telephone

Dates Worked

Hours per Week

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Title

Supervisor

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Responsibilities

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Reason for Leaving

May we contact this supervisor as a reference?  Yes  No

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Employer

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Address

month / day / year thru month / day / year

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Telephone

Dates Worked

Hours per Week

---

Title

Supervisor

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Responsibilities

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Reason for Leaving

May we contact this supervisor as a reference?  Yes  No

## ACTIVITIES

Please share with us two examples of things you have done to help others, improve your community or promote social change. These examples may be from activities through school, a religious institution, a community organization, or from work you initiated and conducted on your own.

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Activity

Dates

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Sponsoring Organization (if applicable)

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Contact Person (if applicable)

Telephone

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What did you do? \_\_\_\_\_

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**ACTIVITIES** cont'd

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Activity Dates

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Sponsoring Organization (if applicable)

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Contact Person (if applicable) Telephone

What did you do? \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

Public Allies selects Allies with diverse educational experiences. Public Allies requires Allies to have earned a high school diploma or GED. We also seek Allies with college and graduate degrees. Please list all schools attended beginning with high school. Include military training, trade or technical school, GED completion, college or graduate degrees. In addition, please list your educational goals.

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Name of Educational Institution

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City State Dates Attended

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Status or Degree

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Name of Educational Institution

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City State Dates Attended

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Status or Degree

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Name of Educational Institution

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City State Dates Attended

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Status or Degree

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Name of Educational Institution

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City State Dates Attended

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Status or Degree

What are your educational goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

Please list the names and phone numbers for three references we may consult about your employment, activities or education. References may include current or former supervisors, teachers, coworkers, members of the clergy or other community leaders. Please do not include relatives or friends.

Name	Telephone	Relationship
Name	Telephone	Relationship
Name	Telephone	Relationship

Please forward the enclosed reference forms to two of the people listed above (be sure to write your name and the address of the site you are applying to on the top of the reference form). Your references are welcome to write a letter of support instead of completing the enclosed reference form, if their letter answers the form's questions. If you have any problems securing information from your references, please contact Public Allies for assistance.

## SHORT ANSWER QUESTIONS

What skills or talents will you bring to a public service organization?

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Please check any of these items that you have experience in and/or are good at.

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|---|---|
| <input type="checkbox"/> Writing Skills       | <input type="checkbox"/> Graphic Design             |
| <input type="checkbox"/> Research Skills      | <input type="checkbox"/> Internet                   |
| <input type="checkbox"/> Public Speaking      | <input type="checkbox"/> Web Design                 |
| <input type="checkbox"/> Advocacy             | <input type="checkbox"/> Counseling                 |
| <input type="checkbox"/> Community Organizing | <input type="checkbox"/> Coaching                   |
| <input type="checkbox"/> Finance              | <input type="checkbox"/> Sports: Which? _____       |
| <input type="checkbox"/> Math                 | <input type="checkbox"/> Carpentry                  |
| <input type="checkbox"/> Science              | <input type="checkbox"/> Mechanics                  |
| <input type="checkbox"/> History              | <input type="checkbox"/> Cooking                    |
| <input type="checkbox"/> Arts: Which? _____   | <input type="checkbox"/> Sales/Retail               |
| <input type="checkbox"/> Microsoft Windows    | <input type="checkbox"/> Customer Relations         |
| <input type="checkbox"/> Microsoft Word       | <input type="checkbox"/> Marketing                  |
| <input type="checkbox"/> Microsoft Excel      | <input type="checkbox"/> Teaching                   |
| <input type="checkbox"/> Databases            | <input type="checkbox"/> Political Campaigns        |
| <input type="checkbox"/> Apple MacIntosh      | <input type="checkbox"/> Managing/Supervising Staff |

**SHORT ANSWER QUESTIONS** cont'd

What types of issues or local needs are you passionate about and foresee pursuing as an Ally? \_\_\_\_\_

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What does teamwork mean to you? Describe something you have learned from working with a team to accomplish a task. \_\_\_\_\_

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What are your future goals and how can Public Allies help you reach them? \_\_\_\_\_

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**ESSAY QUESTION**

Please answer the following questions in a short essay (please type 1-2 pages with 12 point font and 1 inch margins): Describe something you have done to improve your community. What did you learn about yourself, about your community or about change? How will that experience help you meet your goals of the Public Allies program and contribute (Skills, experience, relationships, ideas, etc.) to the Public Allies experience?

**RESUME**

Please include a current resume with your application. If you would like samples, please contact Public Allies.

**PROOF OF EDUCATION STATUS**

Please provide a copy of your high school diploma, GED certificate, or higher education transcript with your application. If you have trouble finding either, please call your high school, GED program, or university to request a copy.

**OTHER INFORMATION**

If you would like to share any other information with us, such as papers you have written, newspaper articles, or fliers related to community work or events you have worked on, you may include them with your application. If you have any questions about this application, please contact the Public Allies site to which you are applying.

Application deadlines vary by site. Make sure you contact the site to which you are applying to confirm deadlines or if you have any questions. Please send your application directly to the site to which you are applying (See list on reference form).

**CERTIFICATION**

All information in this application is true.

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Signature

Signature Date