



## AmeriCorps School Wellness Leader Application

### Applicant Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Current Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Permanent Address (if different from current): \_\_\_\_\_

Are you available  
2:30-5pm  
Monday-Friday: **YES or NO**

If you're not available  
every weekday,  
indicate the days you  
**are** available:

**M  
T  
W  
TH  
F**

Social Security No: \_\_\_\_\_

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you served in AmeriCorps before? YES ☐ NO ☐ If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: \_\_\_\_\_

### Education

**High School:** \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Diploma: \_\_\_\_\_

**College:** \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

**Other:** \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

## References

*Please list two professional references that we may contact. Preferably previous supervisor(s).*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## AmeriCorps Service

Healthy Lincoln AmeriCorps Members will serve their sites as School Wellness Leaders. Members will passionately encourage students to pursue a healthy lifestyle by teaching them how to stay physically active, how to grow fresh produce, and how to prepare healthy meals. Members will engage with school staff, coordinate family nights, and creatively seek out opportunities to promote wellness within their site. Program begins August 1, 2022. Healthy Lincoln AmeriCorps Members will be committed to serving 300 hours during the program year, an average of 25 hours per month.

List any experience working with children/youth:

Briefly describe your favorite personal experience with volunteerism or community service:

In a few sentences, describe why you want to serve as an AmeriCorps member:

Mark which of the following do you have experience with:

Nutrition

Healthy Cooking

Gardening

Exercise

Lesson Planning

## Disclaimer and Signature

*ADA/EOE: The Healthy Lincoln AmeriCorps Program does not discriminate on the bases of race, color, national origin, disability, sex, sexual orientation, veteran status, religion, or any other legally protected status.*

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed AmeriCorps application along with a picture of your driver's license to:  
Anna Kokhanets at [akokhanets@healthylincoln.org](mailto:akokhanets@healthylincoln.org)