



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, 2023, and ends July 31, 2024. Healthy Lincoln AmeriCorps Members will be committed to serving 300 hours during the program year, an average of 25-30 hours per month. Members will attend monthly team meetings, monthly team trainings, and community events as a part of this service experience.

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 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: _____

Select T-shirt size: XSmall Small Medium Large XLarge XXLarge

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