

Instructions for how to Apply to Project POWER/AmeriCorps 2015-2016

Go to: <https://my.americorps.gov>

Click: Search Listings

Program Name: Project POWER

Click: Search

Click: Apply Now

*Note: On your AmeriCorps application you need to request two written references. On your resume you need to list three references to be contacted. You may use the same references for both.

Once you have submitted your application on the AmeriCorps Website please submit the following:

Resume & Personal Expression to robins@childrenfirstbc.org

Email Subject- Project P.O.W.E.R./AmeriCorps- Last Name, First Name

Please save your files with the following titles:

- *Personal Expression- Last Name First Name.PDF*
- *Resume- Last Name, First Name.PDF*

PERSONAL EXPRESSION: Please answer the following questions. Please attach an additional piece of paper with your answers. Attachments should be limited to two typed pages maximum.

1. In your view, what are the most important aspects of a strong community? How do you see yourself contributing?
2. What are the challenges and rewards of working with people who come from different backgrounds than your own?
3. How would you proceed to build professional relationships with marginalized communities as a newcomer?
4. Outside of academics, what do you feel are important elements for children in our society to learn?
5. What is your view of a typical day in an afterschool program?
6. What would this AmeriCorps team be missing if you were not part of it?
7. What are you eager to learn in the Project POWER program, individually and as part of the team?

RESUME AND REFERENCES-Submit your Resume & References in a separate document from your Personal Expression.

Your resume should include the following:

- Contact Information
- Education
- Work Experience
- Volunteer Experience
- Other Interests

On the bottom of your resume list three references that may be contacted by the Project POWER/AmeriCorps. Please include:

- Name
- Contact Information: Phone, Email, Address
- In what capacity you know this person

CERTIFICATION

Please read the following information carefully:

I certify that the information given herein is true and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of facts may result in dismissal. I agree that Project POWER/ AmeriCorps and Children First shall not be held liable in any respect if my service is terminated for this reason.

I authorize Project POWER/ AmeriCorps and Children First to conduct a background check in connection with this application for employment. Any and all data obtained will be kept confidential.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Project POWER/ AmeriCorps and Children First is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the organization.

If accepted for service, I agree to abide by the rules and policies of Project POWER/AmeriCorps and Children First. I understand that no representative of Project POWER/ AmeriCorps and Children First has any authority to enter into any agreement contrary to the rules and policies of the employer.

I understand that this application is not an employment contract.

Name of Applicant (please print)

Signature of Applicant

Date

The following information is optional, and will be used for Project POWER/ AmeriCorps statistical purposes only. The information in this section will in no way affect our consideration of your application.

ETHNIC BACKGROUND

___ African/American

___ American Indian/Alaskan Native

___ White/non-Hispanic

___ Asian American/Pacific Islander

___ Hispanic/Latin

___ Multi-racial

Do you have any special needs that require accommodation? _____

Does your family receive public assistance? (please specify) _____

Annual household income from all sources: _____ Total # in household: _____

Please print and sign, then, mail or email CERTIFICATION to:

Children First/Communities in Schools

50 S. French Broad Ave #246

Asheville, NC 28801

Attn: Robin Sersland

robins@childrenfirstbc.org