

Rocky Mountain Youth Corps Corpsmember Application

Print out this page and mail to:

RMYC
P.O. Box 1960
Ranchos de Taos
New Mexico 87557
Or Fax to: 505-751-1136

Date: _____

Name (Last, First, M.I.) _____

Address _____ City/State _____ Zip _____

Phone Number _____ E-Mail _____

Social Security Number _____

Sex Female Male Date of Birth _____

Are you a U.S. citizen/legal resident? Yes No

How many years have you lived in this county? _____

How did you learn of this program? _____

Will you need child-care assistance for children under 14 years of age? Yes No

Have you ever been convicted/adjudicated of any legal violations other than minor traffic violations?

(Existence of a criminal conviction may, depending on the circumstances, disqualify you from consideration. However, misrepresentation of that record will disqualify you.)

Yes No

If yes, please describe in detail, including when and where:

Skills: As a RMYC Corpsmember, you will be asked to participate in projects related to a variety of subjects. Please check the items for which you have more than two years of prior experience:

_____ Conservation Work

_____ Gardening

_____ Construction

_____ Supervising Youth

_____ Public Speaking

_____ Wilderness Travel

_____ Computer Skills

_____ Working as a Team

Educational Background: Please list last school or educational institute attended:

School Name _____ City/State _____

Did you graduate? _____ Yes _____ No

What was your last grade level completed? _____

Are you still in school? _____ Yes _____ No

Work Background: List your last jobs, starting with the most recent. (Use additional pages if you need more space, or attach resume):

Employer	Position	Dates	Salary	Reason for Leaving

References: Please list two individuals unrelated to you, who we may contact as references. We encourage you to list people who know you well such as a teacher, guidance counselor, former employer, church leader, etc.

Name	Name
Address	Address
City/State/Zip	City/State/Zip
Phone	Phone
Relation	Relation

Have you ever had any serious illnesses/injuries in your life?

_____ Yes _____ No If yes, please explain:

Do you have any health condition(s) or contagious diseases that you are being treated for at this time?

_____ Yes _____ No If yes, please explain:

Have you participated in any other corps, community service programs, or any other volunteer work?

_____ Yes _____ No If yes, list program(s), describe type of work, and

Dates of service- Use additional pages if you need more space, or attach resume:

1. _____

2. _____

On an attached sheet please state in writing why RMYC should consider you for participation. Please think carefully and include:

- 1) Why you want to be involved in RMYC programs;
- 2) What you expect to achieve in the future;
- 3) How you think the program will help you, and how you will help the program;
- 4) Explain what "community service" means to you.

Certification/Signature: I hereby certify that the information provided on this application is true and correct to the best of my knowledge. I understand that any misinformation or material omission could result in unfavorable consideration or immediate dismissal. I allow release of this information for verification and evaluation purposes. I understand that RMYC abides by the drug-free workplace guidelines. I agree to abide by the established rules and understand that I will participate in this program to the fullest of my abilities.

Signature _____

Date _____

Signature of Parent/Guardian (if under 18) _____