



Rocky Mountain Youth Corps
Corpsmember Application

_____ Date

Name _____
(Last) (First) (Middle Initial)

_____ Address _____ City/State _____ Zip

_____ Telephone Number _____ Alternate Phone Number

_____ Social Security Number _____ Male _____ Female

_____ Date of Birth

Are you a U.S. citizen/legal resident? YES _____ NO _____

How did you learn about this program? _____

Have you ever worked at RMYC? YES _____ NO _____

If yes, give dates you worked here _____

What did you do here? _____

Reason you left RMYC _____

Will you need childcare assistance for children less than 14 years of age? YES _____ NO _____

Have you ever been convicted/adjudicated of any legal violations other than minor traffic violations?
YES _____ NO _____

(Existence of a criminal record will not disqualify you from participation, however misrepresentation of that record will disqualify you.)
If yes, explain _____

Skills: As an RMYC corpsmember, you will be asked to participate in projects related to a variety of subjects. Please check the areas in which you have more than one year experience:

- | | |
|-------------------------|-------------------------|
| Conservation work _____ | Gardening _____ |
| Construction _____ | Supervising youth _____ |
| Public speaking _____ | Wilderness travel _____ |
| Computer skills _____ | Working as a team _____ |
| Teaching _____ | Woodworking _____ |

Educational background: Please list last school or educational institute/school attended:

_____ School _____ City/State

Did you graduate? YES _____ NO _____ Are you still in school? YES _____ NO _____

Do you have a high school diploma? YES _____ NO _____

Do you have a GED? YES _____ NO _____

I would prefer to work on...

ES Crew (10-Month) _____ MACC Crew (6-Month) _____ Green Crew (6-Month) _____

Work background: List your last jobs, starting with the most recent. Use additional pages if needed, or attach resume.

Employer	Position	Dates	Salary	Reason for leaving
1.				
2.				
3.				
4.				

References: Please list two individuals unrelated to you. 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
Telephone	Telephone
Relationship to you	Relationship to you

Have you ever had a serious illness/injury? YES _____ NO _____
If yes, explain _____

Do you have health condition(s) or contagious diseases, for which you are receiving treatment?
YES _____ NO _____

If yes, explain _____

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

If yes, list program(s), describe type of work, and give dates of service.

1.		
2.		
3.		

Use additional pages if needed.

ON A SEPARATE SHEET please state why RMYC should consider you for participation. Please think carefully and include:

- 1) Why you want to be involved in the 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.

Mail to: RMYC, PO Box 1960, Ranchos de Taos, New Mexico 87557.

Hand deliver to 1021 Salazar Road, Taos (505) 751-1420

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 or Guardian _____

Date _____

If under 18 years of age