



## Ready to Learn Providence

*Vision: All children from Providence will enter school healthy and ready to learn.*

### EMPLOYMENT:

List and briefly describe the last four positions you have held. Begin with the current or most recent and go back ten years. Include self-employment, internship/fellowships, home management, and full- or part-time paid or unpaid work experience. (You may attach a r sum  instead only if it addresses the information requested below.)

| NAME AND ADDRESS OF EMPLOYER  | DATES   | JOB TITLE AND DUTIES   |
|---|---|--|
| A. Organization, City/State:<br>_____<br>_____<br><br>Supervisor: Phone and e-mail<br>_____ | From: ___ / ___<br>Mo./Yr.<br>To: ___ / ___<br><br>Hrs./week: ___ | Title: _____<br>Duties: _____<br>_____<br><br>Reason for leaving: _____<br>_____ |
| B. Organization, City/State:<br>_____<br>_____<br><br>Supervisor: Phone and e-mail<br>_____ | From: ___ / ___<br>Mo./Yr.<br>To: ___ / ___<br><br>Hrs./week: ___ | Title: _____<br>Duties: _____<br>_____<br><br>Reason for leaving: _____<br>_____ |
| C. Organization, City/State:<br>_____<br>_____<br><br>Supervisor: Phone and e-mail<br>_____ | From: ___ / ___<br>Mo./Yr.<br>To: ___ / ___<br><br>Hrs./week: ___ | Title: _____<br>Duties: _____<br>_____<br><br>Reason for leaving: _____<br>_____ |
| D. Organization, City/State:<br>_____<br>_____<br><br>Supervisor: Phone and e-mail<br>_____ | From: ___ / ___<br>Mo./Yr.<br>To: ___ / ___<br><br>Hrs./week: ___ | Title: _____<br>Duties: _____<br>_____<br><br>Reason for leaving: _____<br>_____ |

Explain any period of time greater than six months not accounted for by work, school, or military service. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Submit application to: Nazly Guzman / For information call 401 490-9960  
 Ready to Learn Providence, 945 Westminster Street, Providence, RI 02903

**Application requires TWO WRITTEN REFERENCES before a candidate will be scheduled for interview.**



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2. Dates of Involvement: From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per month: \_\_\_\_\_  
Month/Year Month/Year

OrganizationName: \_\_\_\_\_ Location: \_\_\_\_\_

Description of involvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Dates of Involvement: From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per month: \_\_\_\_\_  
Month/Year Month/Year

OrganizationName: \_\_\_\_\_ Location: \_\_\_\_\_

Description of involvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you previously served in AmeriCorps? \_\_\_ Yes \_\_\_ No

Program Name:

\_\_\_ AmeriCorps VISTA \_\_\_ AmeriCorps NCCC \_\_\_ AmeriCorps State or National

Did you complete your term of service? \_\_\_\_ Yes \_\_\_\_ No

If no, why not? \_\_\_\_\_

**MOTIVATIONAL STATEMENT:**

Why do you want to join AmeriCorps? What could you contribute to the R2LP AmeriCorps project? What do you hope to gain from serving as an AmeriCorps member? Use a separate sheet is necessary.

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**SKILLS AND EXPERIENCE:**

Listed below are skill areas that our program finds useful and sees in applicants for AmeriCorps. Indicate the skill areas that you have had training or experience, including volunteer or community service experience, and indicate how you have gained those skills.

Example: \_\_\_ First Aid/ Crafts – led craft activities for after-school program

- \_\_\_ Communications \_\_\_\_\_
- \_\_\_ Computers/ Technology \_\_\_\_\_
- \_\_\_ Conflict Resolution \_\_\_\_\_
- \_\_\_ Counseling \_\_\_\_\_
- \_\_\_ Early Childhood \_\_\_\_\_
- \_\_\_ Education \_\_\_\_\_
- \_\_\_ Fine Arts/Crafts \_\_\_\_\_
- \_\_\_ First Aid/CPR \_\_\_\_\_
- \_\_\_ Interpretation/Translation \_\_\_\_\_
- \_\_\_ Leadership \_\_\_\_\_
- \_\_\_ Medicine/ Public Health \_\_\_\_\_
- \_\_\_ Public Speaking \_\_\_\_\_
- \_\_\_ Recruitment \_\_\_\_\_
- \_\_\_ Teaching/ Tutoring \_\_\_\_\_
- \_\_\_ Team Building \_\_\_\_\_
- \_\_\_ Time Management \_\_\_\_\_
- \_\_\_ Writing/ Editing \_\_\_\_\_
- \_\_\_ Other (specify) \_\_\_\_\_

In the space below or on a separate sheet of paper, describe any additional skills and experience that may be helpful in evaluating your application.

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Do you know or have you studied any language other than English? \_\_\_\_\_ Yes \_\_\_\_\_ No

Language: \_\_\_\_\_ Number of years studied or spoken: \_\_\_\_\_

Speaking ability: \_\_\_ Poor \_\_\_ Fair \_\_\_ Good \_\_\_ Excellent

Writing ability: \_\_\_ Poor \_\_\_ Fair \_\_\_ Good \_\_\_ Excellent

Do you have a valid driver’s license? \_\_\_ Yes \_\_\_ No

Check one. With whom would you prefer to work?

\_\_\_\_\_ with children \_\_\_\_\_ with children and adults \_\_\_\_\_ with adults \_\_\_\_\_ No preference

**LEGAL**

Answer the following questions fully. Existence of criminal conviction/adjudication may or may not, depending on the circumstances, disqualify you from consideration. However, any intentional misrepresentation or omission will disqualify you. Do not include minor traffic violations.

**Have you even been convicted, or adjudicated as a juvenile offender, of any criminal offense by either a civilian or military court, other than minor traffic violations?**

\_\_\_ Yes \_\_\_ No

**Are you now:**

Under charges for any offenses? \_\_\_\_\_ Yes \_\_\_\_\_ No

On probation or parole? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered yes to any of the questions above, please provide the following information:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Charge: \_\_\_\_\_ Action Taken: \_\_\_\_\_

Court, Probation, or Parole Officer: \_\_\_\_\_  
Name

Street Address City State Zip Code

Phone Number: \_\_\_\_\_

**CERTIFICATION:**

Your application must be certified with your signature in ink.

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

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**For Parents or Guardian of Applicants Under 18 Years of Age:**

I have reviewed this application and I authorize my son/daughter/legal ward to apply to AmeriCorps.

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

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

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