



After completing this three-page application return to your local Public Allies site. Please type or print clearly. If you need to receive an application in another format, please contact your local Public Allies site. For application deadlines visit www.publicallies.org

GENERAL INFORMATION

Please print or type.

Name _____

Current Address _____	City _____	State _____	Zip Code _____
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Day Phone _____	Evening Phone _____	E-mail Address _____
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Age/Date of Birth _____ Are you a U.S. Citizen or Permanent Resident Alien? Yes No

Do you speak any languages other than English? Yes No If yes, list languages: _____

HOW DID YOU FIND OUT ABOUT PUBLIC ALLIES?

- | | | |
|--|---|---|
| <input type="checkbox"/> Public Allies advertisement | <input type="checkbox"/> Community Organization | <input type="checkbox"/> I know an Ally alumnus or current Ally |
| <input type="checkbox"/> Public Allies website | <input type="checkbox"/> AmeriCorps | Name(s) _____ |
| <input type="checkbox"/> Public Allies presentation | <input type="checkbox"/> Other website | <input type="checkbox"/> I know someone involved with Public Allies |
| | | <input type="checkbox"/> Other, explain: _____ |

Which site(s) are you applying to? _____

Have you previously enrolled in the AmeriCorps program Yes No

If yes, how many terms have you been enrolled in AmeriCorps? Where and When? _____

EMPLOYMENT

What was your best job-related experience and why? How did that experience help you grow personally and professionally? What was missing from that experience that you wish was there? What were your strengths and weaknesses? List the remaining job-related experiences on your resume.

Employer	Title	Supervisor	Telephone
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Address	Hours per Week	Dates Worked
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May we contact your employer? Yes No

EDUCATION

Public Allies selects Allies with diverse educational experiences. Public Allies requires Allies to have earned a high school diploma or GED. We also accept Allies with college or graduate degrees. Please list all schools attended beginning with high school. Include military training, trade or technical school, GED completion, college or graduate degrees. In addition, please list your educational goals.

HIGH SCHOOL

Name	Location	Years Completed	Major & Degree
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COLLEGE

Name	Location	Years Completed	Major & Degree
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BUSINESS OR TRADE SCHOOL

Name	Location	Years Completed	Major & Degree
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PROFESSIONAL SCHOOL

Name	Location	Years Completed	Major & Degree
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PLEASE LIST YOUR EDUCATIONAL AND CAREER GOALS



"I owe Public Allies for where I am today. Public Allies helped strengthen and inform my ideas and thoughts about social justice and become articulate about the issue."



"My Public Allies experience convinced me that everyone can be a leader and that we can use power in a way that doesn't dominate, but actually brings people together."



"I used to feel like I was too young to do anything important, now I know I'm old enough to know what needs to be changed and I am capable of effecting that change."



You need two things to join Public Allies: A need to do something with your life and for the people around you."

WHAT WE WANT TO KNOW

Current allies and alumni want to ask you a few questions. We're interested in getting to know who you really are, what you really think, and why you want to make a difference! We invite you to limit your responses to 100 words per question.

SKILLS What skills or talents will you bring to a public service organization? Please check any of these items that you have experience in and/or are good at.

- | | | |
|---|---|---|
| <input type="checkbox"/> Writing Skills | <input type="checkbox"/> Science | <input type="checkbox"/> Apple Macintosh |
| <input type="checkbox"/> Research Skills | <input type="checkbox"/> History | <input type="checkbox"/> Design: Area? _____ |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Arts: Which? _____ | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Microsoft Windows | <input type="checkbox"/> Sports: Which? _____ |
| <input type="checkbox"/> Community Organizing | <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Political Campaigns |
| <input type="checkbox"/> Math | <input type="checkbox"/> Databases | <input type="checkbox"/> Managing/Supervising Staff |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Sales/Retail | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Mechanics | <input type="checkbox"/> Customer Relations | <input type="checkbox"/> Other: List _____ |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Marketing | _____ |

What skills do you want to develop or improve?

What issues are you most passionate about?

What do you envision yourself doing in the future? How does this Apprenticeship help you achieve that?

Share one example of how you did something to improve the community. Identify who was involved, what activities were done (initiated or performed by the participant) and what was accomplished (impact/how many were affected by this activity).

How did you build on the strengths of the community to get this done?

How did your definition of community change as a result of this activity?

What were the 3 specific leadership skills or activities that were most important in success?

How do you intend to continue your commitment to that activity?

CHECKLIST

You are almost done! Before you send in your application, make sure it is accompanied with the items listed below.

RESUME

Please include a current resume with your application.

OTHER INFORMATION

If you would like to share any other information with us, such as papers you have written, newspaper articles, or fliers related to community work or events you have worked on, you may include them with your application.

If you have any questions about this application, please contact the Public Allies site to which you are applying.

Application deadlines vary by site. Make sure you contact the site to which you are applying to confirm deadlines or if you have any questions. Please send your application directly to the site to which you are applying (See list on reference form).

CERTIFICATION (Sign and return to your local Public Allies site)

All information in this application is true.

Signature

Signature Date