



AmeriCorps and the Medically Underserved in Utah
A program of the Association for Utah Community Health



Member Application

PLEASE PRINT OR TYPE

PERSONAL INFORMATION

 Name (last, first, middle) Social Security Number

 Address City State ZIP

 Home Phone Cell/Alt. Phone Email Address

- Can you provide proof of U.S. Citizenship or Permanent Resident Status? _____ Yes No
- Do you have a high school diploma or GED? _____ Yes No
- Are you currently employed? _____ Yes No
- Do you have a valid driver's license? _____ Yes No
- Do you have reliable transportation? _____ Yes No
- Can you participate as a full-time AmeriCorps member _____ Yes No
- Are you able to commit to a 12 month Term of Service? _____ Yes No
- Have you previously served in AmeriCorps, in any capacity? _____ Yes No
- Are you at least 17 years or older? _____ Yes No

EDUCATION

Beginning with the most recent, list all schools attended, including high school, trade or technical schools, Job Corps, etc.

Name of School	City/State	Dates Attended	Area of Study (Major/Minor)	Type of Certification/Degree

SKILLS

Place a check after each area in which you have had classes, training or experience. Include any volunteer or community service that you may have done.

Child Care/Child Development	HIV/AIDS	Social Services
Communications (written/verbal)	Dental Health	Substance Abuse Prevention
Conference/Workshop Planning	Hypertension	Survey Taking
Counseling (any type)	Breast or Cervical Cancer	Time Management
Diabetes Education	Multicultural Sensitivity Training	Immunizations
Health (teaching/assisting/planning)	Family Planning/Pregnancy Prevention	Prenatal Care
Homeless Individuals	Public Speaking	Mediation/Conflict Resolution



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WORK EXPERIENCE

Starting with the current or most recent, list and briefly describe the at least the last three positions you have held. Included self-employment, internships/fellowships, home management, full-time, part-time and unpaid work experience. You may also attach a resume.

Company/Organization	Job Title	Dates of Employment	Responsibilities	Reason for Leaving

COMMUNITY ACTIVITIES

List and describe your organizational memberships and experience with community groups or agencies. Include social, professional and neighborhood projects and programs.

Name of Group	Dates of Participation	Describe Activities/Positions Held

ADDITIONAL INFORMATION

Are you bi-lingual or multi-lingual? Yes No
 If yes, in what language(s)? _____
 Can you read, write and speak in this/those language(s)? _____

OPTIONAL INFORMATION

This information is optional. It will in no way affect your selection into the program. Completion of this section is voluntary; failure to respond will in no way affect your candidacy.

Describe your ethnic background:	How did you hear about AMUU/AmeriCorps?
<input type="checkbox"/> African American	<input type="checkbox"/> Department of Workforce Services
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> AMUU Alumni (list) _____
<input type="checkbox"/> Asian American/Pacific Islander	<input type="checkbox"/> Clinic/Health Center (list) _____
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> National AmeriCorps website
<input type="checkbox"/> White non-Hispanic	<input type="checkbox"/> Newspaper (list) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Craigslist
	<input type="checkbox"/> Other (list) _____

Do you have any special needs that require accommodations? Yes No
 Does your family receive public assistance (ex: AFDC, Food Stamps, WIC) Yes No
 If yes, please specify: _____



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PERSONAL STATEMENT

Please answer the following questions in the space provided or on a separate sheet. Please print or type.

1. Why do you want to join the AmeriCorps and the Medically Underserved in Utah (AMUU) program?
2. What do you hope to gain from this experience?
3. Are you willing and able to devote yourself to a full year (12 months) of service?
4. How do you intend to support yourself on the AmeriCorps stipend?
5. What do you hope to contribute to AMUU?
6. Describe an experience in which you accomplished an important goal. Why was this goal important to you? What obstacles, if any, did you have to overcome?
7. In your assessment, what is the most pressing health care problem in the U.S. today?
8. In your assessment, what is community service? Why is service important to communities?



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INSTRUCTIONS FOR SUBMITTING RECOMMENDATIONS

Included in this application package you will find a reference form for you to give to two references. These persons can be a former supervisor, teacher/instructor, employer, etc. but may not include family members or relatives. Letters should be mailed (AMUU-AUCH, 860 East 4500 South, Suite 206, Salt Lake City, UT 84107), faxed (801-974-5563) or emailed (americorps@auch.org) to the AMUU office.

CERTIFICATION

All applications must be signed by the applicant.

By signing this document, I verify that all of the information provided herein is true.

Signature

Date

Please mail completed application to:
AMUU-AUCH
860 East 4500 South, Suite 206
Salt Lake City, UT 84107

Call 801-716-4604 for questions.



Application Recommendation

Dear Sir or Madam:

_____ has asked you to provide a candid recommendation on his/her application to the AmeriCorps and the Medically Underserved in Utah (AMUU) program. AMUU is a national service program funded by the Corporation for National Service. Across the nation, AmeriCorps programs are providing community service, developing skills of AmeriCorps members and building healthier, more productive communities. AMUU's mission is to reduce the economic, geographic, language and cultural barriers to health care and to enhance primary health care through direct service. The applicant, if chosen, will be placed in a community-based agency in Utah. As part of their service commitment AMUU members may coordinate immunizations, provide case management, assist in Medicaid and Children's Health Insurance (CHIP) outreach, teach classes or give presentations on immunizations, reproductive health, care seat safety, STI/HIV and diabetes.

This work is extremely challenging and requires the AMUU member to be a quick learner, comfortable with change, highly motivated, and a responsible individual. Your responses are a very important part of the application process. Thank you for your assistance.

Please fax or mail the enclosed recommendation form to:

AMUU-Jacquelyn Lumpkin
Association for Utah Community Health
860 East 4500 South, Suite 206
Salt Lake City, UT 84107
Fax--801.974.5563

If you have any questions or would like to speak to me regarding this candidate, please contact me at 801.716.4604 or by e-mail at americorps@auch.org.

Thank you for your time and honest assessment of the applicant.

Regards,

Jacquelyn Lumpkin
AMUU Program Director



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