2012 Arizona LeaderCorps Program

APPLICATION FOR MEMBERSHIP

AMERICORPS/AMERICORPS*VISTA/SENIOR CORPS MEMBER INFORMATION – PLEASE WRITE LEGIBLY

NAME:				
ADDRESS			**E-MAIL**	
BEST PHONE NUMBER		**SHIRT SIZE** (Circle)	**S M L XL XXL**	

AMERICORPS/AMERICORPS*VISTA/SENIOR CORPS PROGRAM INFORMATION

PROGRAM NAME:			
SERVICE SITE:			
SUPERVISOR'S NAME:			
SUPERVISOR'S E-MAIL			
WORK PHONE:		**FAX:**	
SERVICE TERM START DATE:		**EXPECTED DATE OF COMPLETION:**	

Essay Questions

Please answer the following questions on a separate sheet of paper. Limit each response to no more than 150 words.

Question 1: Briefly describe your responsibilities at your service site. Please highlight your leadership and/or communication roles/activities at your service site. Include at least one specific example of a situation where your ability to lead or communicate has made the difference.

Question 2: The LeaderCorps Program is designed to strengthen your leadership and communication skills. Please describe your major strengths and weaknesses as a leader and communicator. Identify an area that you would like to strengthen.

Question 3: An extremely important requirement of LeaderCorps is to participate fully on teams and take part in producing real results on a specific timeline. Please describe the positive actions you will take to help the team work through difficult challenges and to stay connected and in communication with team members.

CERTIFICATIONS

~ Applications will not be accepted without all 3 signatures below ~

MEMBER CERTIFICATION

All information provided is true and accurate. I understand that I am making a commitment to be a part of the Arizona LeaderCorps Program and I will participate in all activities as described in the LeaderCorps Program Information sheet. I am responsible for making all the appropriate arrangements with my supervisor for my participation.

Member Signature: _____ Date: _____

SERVICE SITE SUPERVISOR CERTIFICATION

I fully support this member's participation in the Arizona LeaderCorps program. I have read the LeaderCorps Program Information and understand the member's commitment and responsibility and will assist in making the necessary arrangements for the member to attend the LeaderCorps retreats, scheduled meetings, and will otherwise support this member's active participation. I will notify the AmeriCorps/Senior Corps Program Director if I have any questions or concerns about the member's involvement in the LeaderCorps Program.

Supervisor Signature: _____ Date: _____

AMERICORPS PROGRAM DIRECTOR/ CNCS STATE OFFICE CERTIFICATION

I will support this member's participation in the Arizona LeaderCorps Program. I have read the LeaderCorps Program Information. I understand the member's commitment and responsibility and will assist in making the necessary arrangements for the member to attend the LeaderCorps retreats and scheduled meetings. I will notify the Governor's Commission on Service and Volunteerism if I have any questions or concerns about the member's involvement in the LeaderCorps Program.

Program Director/State Office Signature: _____ Date: _____

Please return this application to the attention of:

Ashley Miles
Governor's Commission on Service and Volunteerism
1700 West Washington, Suite 101
Phoenix, Arizona 85007
Fax: (602) 542-3423

Applications must be submitted no later than Monday, January 23rd, 2012.

Any questions please contact: Ashley Miles: email: amiles@az.gov; phone: (602) 542-3495.