



# AmeriCorps School Wellness Leader Application

## Applicant Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Current Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Permanent Address (if different from current): \_\_\_\_\_

\_\_\_\_\_

This service opportunity requires late afternoon availability at least 4 days a week. Please indicate the days you are available from 2:30-6pm: **M T W TH F** Social Security Number: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you served in AmeriCorps before? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

Please list two professional references that we may contact. Preferably previous supervisor(s).

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## AmeriCorps Service

Healthy Lincoln AmeriCorps Members will serve their sites as *School Wellness Leaders*. Members will passionately encourage students to pursue a healthy lifestyle by teaching them how to stay physically active, how to grow fresh produce, and how to prepare healthy meals. Members will engage with school staff, coordinate family nights, and creatively seek out opportunities to promote wellness within their site.

The service year begins August 1, 2024, and ends July 31, 2025. Healthy Lincoln AmeriCorps Members will be committed to serving 300 hours during this program year, committing to 30 hours per month. Members will attend monthly team meetings, monthly team training, and community events as a part of this service experience.

After reading the above service outline, describe why you want to serve as an AmeriCorps member:

List any experience working with children/youth:

Briefly describe your favorite personal experience with volunteerism or community service:

Mark which of the following you have experience with:

Nutrition      Healthy Cooking      Gardening      Exercise      Lesson Planning

This service opportunity requires transporting to different school sites. If geography plays a role in your service commitment, please select which sites work best for you:

No Preference	Belmont Elementary	Brownell Elementary	Calvert Elementary
Campbell Elementary	Clinton Elementary	Everett Elementary	Hartley Elementary
Holmes Elementary	Huntington Elementary	McPhee Elementary	Randolph Elementary
Riley Elementary			

Select T-shirt size:   XSmall      Small      Medium      Large      XLarge      XXLarge

**Disclaimer and Signature**

*ADA/EOE: The Healthy Lincoln AmeriCorps Program does not discriminate on the bases of race, color, national origin, disability, sex, sexual orientation, veteran status, religion, or any other legally protected status.*

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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

Send completed AmeriCorps application along with a picture of your driver's license to:  
Zaria Krehnke at [zkrehnke@healthylincoln.org](mailto:zkrehnke@healthylincoln.org)