

Office use only: date received at office: _____

Please return to: Urban Appalachian Council
 2115 W. 8th Street
 Cincinnati, OH 45204
 (513) 251-0202



PROJECT ACE

Instructions for 2008-2009 Application

UAC, the sponsoring organization for Project ACE, began this initiative with community-based affiliates in 1996. In the upcoming program year (09/02/2008 through 8/31/2009), members will contribute community service, full or part time, in inner-city Cincinnati neighborhoods. To be considered, please submit a completed application to the UAC office indicating your service preferences on page 4. Also include the names and contact information for two references. Your references will be sent a form which they should fill out and submit **directly to the ACE office**. References must be completed by **non-relatives** able to evaluate your character, leadership, work record, educational or training background, volunteer experience, and/or ability to contribute to the Project ACE program. Your signature is required on page 6 of the application. You may attach a resume with the application, but it is not required. Materials submitted will not be returned. Project ACE staff will contact you to discuss your goals and qualification, and will schedule on-site interviews with programs that match your skills and schedule with community needs. Neither UAC nor Project ACE discriminates on the basis of race, color, ethnicity, national origin, sex, age, religion, political affiliation, or disability. **If you have any questions, please call (513)251-0202 or e-mail Christina Woody at cwoody@uacvoice.org or Larry J. Redden at lredden@uacvoice.org**

1. Applicant Name	2. Social Security Number
3. Current Address (include city, state, and zip)	
4. Permanent Address (if different from above)	
5. Home Telephone ()	6. Other Telephone ()
7. Will you be 17 years of age or older as of September 1, 2008?	
8. In the event of an emergency, please notify (Name & Telephone):	
9. Are you a U.S. Citizen?	10. If not, attach a photocopy of your proof of eligibility to work in the U.S.
11. Number and ages of dependent children under 13 years old requiring child care <i>(Child care benefit is provided through the Corporation for National Service if eligible. Project ACE does not discriminate against applicants based on need for child care benefit).</i>	
12. Are you available to serve 40 hours (full time) or 20 hours (part time) per week on a regular schedule from September 2, 2008 through August 31, 2009? If yes, please circle appropriate level of hours available.	

Applicant Name _____

13. Have you ever been convicted of an offense by a civilian or military court? (Please circle) YES NO
 Do not include minor traffic violations. A conviction will not necessarily bar you from participation. Any conviction will be considered as it relates to the duties and responsibilities of the position and projects

Type of conviction	Date	Disposition

Additional comments (optional):

If selected to participate, you may be tested for use of illicit drugs prior to and throughout your year of service. Selected candidates must be drug free at the time of appointment and thereafter. UAC/ACE complies with the Drug-Free Workplace Act of 1988. If selected to participate in Project ACE you will be required to submit fingerprints as part of a criminal background check prior to appointment start date. This is necessary because of the large number of children served by our agency. All candidates who are offered a position must furnish a criminal background report from the jurisdiction in which they have lived for the past few years before a contract is finalized. Other checks or inquiries may be necessary which are currently unforeseen so are not specifically listed herein.

14. How did you find out about Project ACE?

15. What is your current occupation, (or student status if appropriate)?

16. Do you have a high school diploma or GED? **(Please indicate which one)**

If neither, when will you complete your high school or get your GED? _____
Date

Beginning with 8th grade, list the educational institutions have you attended

Name	Address, City, and State	Date Attended	Area of Study	Degree/Certificate	Date Received

Applicant Name _____

17. Describe any independent learning experiences you have had which were not mentioned in question 16. (Example: self-help workshop, etc.)

18. Briefly describe field work or internship experience you have had, who it was for, and what you accomplished.

19. Please indicate any skills or professional training or experience which you have, including any acquired through volunteer or community service work.

List certifications, licenses, and/or registrations you have attained.		
Type of Certification/License	Granted by:	Date Received

20. Employment Record

<i>Please list your employment history below. If your list is extensive, list the four longest positions you have held. Be sure to include any experience you have had which may be relevant to your service as a Project ACE participant. You may attach a resume, in addition to completing this section, but this is not required.</i>			
Employer	Date	Position held	Reason for leaving

Applicant name _____

22. Volunteer Experience

List and describe volunteer experience and community service which may be significant to your participation in Project ACE.

Organization	Activity/Description	Dates

23. List two references whom we may contact to evaluate your potential contribution as a Project ACE participant

Name	Address/City State and Zip Code	Daytime Telephone
		()
		()

Please circle one: I do do not give permission to Project ACE Staff and Project Supervisors to contact the above-listed references.

24. Put in order of preference (A1 being first preference, A2 for second, etc.) your preference in relation to 2008-2009 service. Indicate A0 if you are uninterested, unwilling, or unable to serve on a particular time, type, or area. (Please refer to position descriptions for more detailed information on specific projects).

Service Type	Time Frame	Area of City
Tutoring Adults _____	All Day _____	West Side _____
Tutoring Children _____	Part Day _____	Central _____
Other Community Education _____	Morning _____	Northern _____
Cultural _____	Afternoon _____	East Side _____
Environmental _____	Evening _____	

If you want to serve in a particular center please note the site: _____

25. Please describe an opportunity you have had to lead others. How did you motivate your group to achieve its objectives? (Use back of form if needed.)

Applicant Name _____

26. Have you been a part of a project team? Describe the team, its mission, your participation, and the outcome of your efforts.

27. Have you lived, worked, or volunteered in an urban neighborhood? Describe your experiences.

28. Why do you want to participate in Project ACE? What do you think you will gain? What can you give?

29. What have you accomplished in life of which you are most proud?

Applicant Name _____

30. Project ACE AmeriCorps Members may be provided with an AmeriCorps T-Shirt and/or Sweat Shirt. In order to facilitate ordering these items please provide size information below.

AmeriCorps classic Gray T-Shirt Please indicate size _____
AmeriCorps Sweat Shirt

31. Ask and answer one question you wish would be asked that demonstrates why you should be selected to participate in this AmeriCorps program.

32. Is there any additional information about yourself that you would like to share?

I certify that all of the statements and claims made in this application are true, correct, and complete to the best of my knowledge and are made in good faith. I understand that any misinformation or misrepresentation may be cause for disqualification or termination. Nothing in the application is intended to create or imply a contractual relationship; I understand that selection may be terminated, with or without cause, at any time.

Signature _____

Date _____

e-mail address _____