



**PUBLIC ALLIES FELLOWSHIP PROGRAM
AT EAGLE ROCK SCHOOL AND PROFESSIONAL DEVELOPMENT CENTER
APPLICATION**

date _____

PLEASE TYPE OR PRINT CLEARLY.

If you need to receive an application in another format, please contact us at 970-586-0600 x1332 or eaglerock@publicallies.org.

Please indicate which ONE of the twelve Fellowships you are applying for: _____

Please visit our website for information on available Fellowships: www.publicallies.org/eaglerock.

GENERAL INFORMATION

A. PERSONAL INFORMATION

Name: _____

Current Address: _____

Day Phone: _____ Evening Phone: _____

E-mail Address: _____

Social Security Number: _____

Age: _____ Date of Birth: _____

Are you a U.S. Citizen or Permanent Resident? _____

Do you speak any languages other than English? _____

How did you find out about the Public Allies Fellowship Program at Eagle Rock School? _____

Are you a past or current Public Ally? _____

If so, where and when did you participate in the program, and who was your Program Manager? _____

Have you ever served with AmeriCorps as an enrolled AmeriCorps member? _____

If yes, please visit http://www.americorps.gov/for_individuals/alumni/join.asp to determine eligibility. This is an AmeriCorps National Program.

How many terms of service did you begin? _____

How many terms of service did you complete? _____

Which AmeriCorps program(s) did you serve with as an enrolled AmeriCorps member? _____

B. SUMMER INFORMATION (IF DIFFERENT)

Summer Address: _____

Phone Number: _____

Dates Effective: ___/___/___ until ___/___/___

C. OTHER INFORMATION

Do you have a valid driver's license? Yes No

Do you have any accessibility needs related to a disability that we can accommodate? Yes No

If yes, please describe. _____

Public Allies strives to support a diversity of program participants. We will work hard to find ways to accommodate the needs of Fellows for participation in our program. Public Allies and the Eagle Rock School and Professional Development Center are equal opportunity employers.

EMPLOYMENT

Please list two job-related experiences you have had. Begin with the most recent experience. Please list only the two most recent jobs and provide information about other work experiences on your resume.

Employer: _____

Address: _____

Telephone: _____ Hours per Week: _____

Dates Worked: _____ Title: _____

Supervisor: _____ May we contact this person as a reference? _____

Reason For Leaving: _____

Responsibilities: _____

Employer: _____

Address: _____

Telephone: _____ Hours per Week: _____

Dates Worked: _____ Title: _____

Supervisor: _____ May we contact this person as a reference? _____

Reason For Leaving: _____

Responsibilities: _____

ACTIVITIES

Please share with us two examples of things you have done to help others, improve your community, or promote social change. These examples may be from activities through school, religious group, a community organization, or from work you initiated and conducted on your own.

Activity: _____

Dates: _____

Sponsoring Organization (if applicable): _____

Contact Person (if applicable): _____

Telephone (if applicable): _____

What was your role? _____

Activity description: _____

Dates: _____

Sponsoring Organization (if applicable): _____

Contact Person (if applicable): _____

Telephone (if applicable): _____

What was your role? _____

EDUCATION

The Public Allies Fellowship Program requires participants to have a bachelor's degree. Please list all schools attended beginning with high school. In addition, please list your educational goals.

Name of Educational Institution: _____

City: _____ State: _____

Dates Attended: _____

Status or Degree: _____

Name of Educational Institution: _____

City: _____ State: _____

Dates Attended: _____

Status or Degree: _____

Name of Educational Institution: _____

City: _____ State: _____

Dates Attended: _____

Status or Degree: _____

Name of Educational Institution: _____

City: _____ State: _____

Dates Attended: _____

Status or Degree: _____

What are your educational goals? _____

REFERENCES

Please list the names and phone numbers of three references whom we may consult about your employment, activities, or education. References may include current or former supervisors, teachers, co-workers, members of the clergy, or other community leaders. Please DO NOT include relatives or friends.

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Please forward reference forms to TWO of the people you listed above (be sure to write your name on the top of the reference form).

Your references may write a letter of support instead of completing the form if their letter answers the form's questions.

Please have your reference return the forms to you in a sealed envelope with their signature across the seal.

Your application is not complete and will not be considered without both reference forms.

If you have any problems securing information from your references, please contact Public Allies for assistance.

SHORT ANSWER QUESTIONS

Please check any skills that you have experience in and/or are good at.

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> Writing | <input type="checkbox"/> History | <input type="checkbox"/> Internet | <input type="checkbox"/> Cooking | <input type="checkbox"/> Foreign Language |
| <input type="checkbox"/> Research | <input type="checkbox"/> Arts: Which? _____ | <input type="checkbox"/> Web Design | <input type="checkbox"/> Customer Relations | <input type="checkbox"/> Language Arts/ Literature |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Health | <input type="checkbox"/> Counseling | <input type="checkbox"/> Marketing | <input type="checkbox"/> MacIntosh System Networking |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Microsoft Office Suite | <input type="checkbox"/> Coaching | <input type="checkbox"/> Teaching | <input type="checkbox"/> Youth Work |
| <input type="checkbox"/> Community Organizing | <input type="checkbox"/> Databases | <input type="checkbox"/> Sports: Which? _____ | <input type="checkbox"/> Political Campaigns | <input type="checkbox"/> Service |
| <input type="checkbox"/> Math | <input type="checkbox"/> Apple MacIntosh | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Social Studies | |
| <input type="checkbox"/> Science | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Mechanics | <input type="checkbox"/> Outdoor Education | |
| | | | <input type="checkbox"/> Music | |

Please answer the following questions in 2-3 sentences on a separate page.
(please type with 12 point font and 1 inch margins)

1. What skills or talents will you bring to Eagle Rock School?
2. What experiences have you had working with adolescents? If you've had experience working with adolescents from diverse backgrounds for whom conventional schools have been ineffective, please briefly describe your experience.
3. Eagle Rock School operates as an intentional community. Please describe any experiences that could contribute to your successfully living and working in community with eleven other Public Allies Fellows, Eagle Rock staff, and the student population.
4. As Eagle Rock School is a year-round residential school, all staff members work unconventional schedules and long hours. Please describe any experiences that could contribute to your success in this type of environment.
5. What types of educational and/or youth development issues are you passionate about and would you ideally like to address as a Fellow?
6. What does teamwork mean to you? Describe something you have learned from working with a team to accomplish a task.
7. What are your future goals and how can the Public Allies Fellowship help you reach them?

ESSAY QUESTION

Please answer the following questions in a short essay (please type 1-2 pages with 12 point font and 1 inch margins):

What is something you have done to improve your community? What did you learn about yourself, about your community or about change? How will that experience help you meet the goals of the Public Allies Fellowship Program at Eagle Rock School and Professional Development Center and contribute (skills, experience, relationships, ideas, etc.) to the Public Allies Fellowship experience?

COVER LETTER

Please include a cover letter with your application that summarizes your interests and qualifications.

PHOTOGRAPH (optional but appreciated)

Should you be selected for an interview, they are done via conference call. To aid us in putting a face to your name, we would greatly appreciate it if you would enclose a photograph of yourself with your application.

RESUME

Please include a current resume with your application.

PROOF OF EDUCATION STATUS

Please provide proof of your college or university degree. A copy of your transcript or diploma is acceptable.

OTHER INFORMATION

If you would like to share any other information with us, such as papers you have written or newspaper articles featuring your work, you may include them with your application. **Please note that your application, or supplemental material will not be returned.** If you have any questions about this application, please contact us at 970-586-0600 x1332 or eaglerock@publicallies.org. Please refer to <http://www.publicallies.org/eaglerock> for application deadline information.

CERTIFICATION

All information in this application is true.

Signature _____

Date _____