



**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](http://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](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:*

Writing	History	Internet	Cooking	Foreign Language
Research	Graphic Design	Web Design	Customer Relations	Language Arts/Literature
Public Speaking	Health	Counseling	Marketing	Macintosh Networks
Advocacy	MS Office	Coaching	Teaching	Youth Work
Service	Databases	Mechanics	Political Campaigns	Community Organizing
Math	Macintosh	Carpentry	Outdoor Ed	Social Studies
Science	Arts: Which?	Sports: Which?	Music	

***Please answer the following questions in 2 or 3 sentences:***

*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.*

**(Short Answer Questions Continued)**

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 using the space provided)*

*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?*

*(Essay Question Continued)*

**COVER LETTER**

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

**RESUME** *(Please include a current resume with your application.)*

**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.*

**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 neither your application, nor supplemental materials, will 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. For our purposes, typing your name and date in the spaces below constitutes a signature.*

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