MINI-CORPS SUMMER APPLICATION
(Applicants must be 18 years of age)

Have you ever worked as a farm laborer? If so, list years.

________________________________________________________________________________________

Have your parents worked as farm laborers? Yes □ No □

________________________________________________________________________________________

Have you ever lived in a migrant labor camp? Where?

________________________________________________________________________________________

If you are accepted in the Mini-Corps Program, would you sub-lease your apartment to Mini-Corps for the summer?

Yes □ No □

(If yes, contact our office by April 1st.)

________________________________________________________________________________________

Are you able to relocate outside your area? (Mini-Corps pays for housing for participants assigned out of the area.) Please keep in mind service to migrant children is the priority!

Yes □ No □

(If no, attach a letter to the director stating why you are not flexible.)

________________________________________________________________________________________

Mini-Corps is a statewide program. Migrant students are in need of tutorial services and role models. Experience the Mini-Corps model by teaching and learning with migrant students.

________________________________________________________________________________________

LIST COLLEGES OR UNIVERSITIES ATTENDED (include Junior Colleges)

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<th>NAME OF SCHOOLS</th>
<th>LOCATION (City &amp; State)</th>
<th>TYPE OF DEGREE RECEIVED OR EXPECTED</th>
<th>DATE RECEIVED</th>
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## EMPLOYMENT RECORD

(Most recent first)

1. **POSITION TITLE**

   **WEEKLY SALARY**

   **HOURS WORKED PER WEEK**

   **DATES OF EMPLOYMENT**

   **FROM**

   **TO**

   **NAME OF SUPERVISOR**

   **NAME AND ADDRESS OF EMPLOYER (CITY AND STATE)**

   **MAJOR DUTIES**

   **REASON FOR LEAVING**

   **NAME OF EMPLOYER**

   **ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)**

   **TELEPHONE (NO. & AREA CODE)**

   **WHAT CAPACITY?**

   **OCCUPATION**

2. **POSITION TITLE**

   **WEEKLY SALARY**

   **HOURS WORKED PER WEEK**

   **DATES OF EMPLOYMENT**

   **FROM**

   **TO**

   **NAME OF SUPERVISOR**

   **NAME AND ADDRESS OF EMPLOYER (CITY AND STATE)**

   **MAJOR DUTIES**

   **REASON FOR LEAVING**

   **NAME OF EMPLOYER**

   **ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)**

   **TELEPHONE (NO. & AREA CODE)**

   **WHAT CAPACITY?**

   **OCCUPATION**

3. **POSITION TITLE**

   **WEEKLY SALARY**

   **HOURS WORKED PER WEEK**

   **DATES OF EMPLOYMENT**

   **FROM**

   **TO**

   **NAME OF SUPERVISOR**

   **NAME AND ADDRESS OF EMPLOYER (CITY AND STATE)**

   **MAJOR DUTIES**

   **REASON FOR LEAVING**

   **NAME OF EMPLOYER**

   **ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)**

   **TELEPHONE (NO. & AREA CODE)**

   **WHAT CAPACITY?**

   **OCCUPATION**

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### REFERENCES

List names and complete addresses of at least three persons, not related to you, who know your qualifications and suitability for the Mini-Corps program. Include a professor in your major area, advisor, or counselor who knows you well. Include two letters of recommendation from high school or college counselors, professors, teachers or personnel from a community agency who are familiar with your experience in working with children.

1. **NAME (FIRST - MIDDLE INITIAL - LAST)**

   **ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)**

   **TELEPHONE (NO. & AREA CODE)**

   **WHAT CAPACITY?**

   **OCCUPATION**

   **NAME OF EMPLOYER**

2. **NAME (FIRST - MIDDLE INITIAL - LAST)**

   **ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)**

   **TELEPHONE (NO. & AREA CODE)**

   **WHAT CAPACITY?**

   **OCCUPATION**

   **NAME OF EMPLOYER**

3. **NAME (FIRST - MIDDLE INITIAL - LAST)**

   **ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)**

   **TELEPHONE (NO. & AREA CODE)**

   **WHAT CAPACITY?**

   **OCCUPATION**

   **NAME OF EMPLOYER**

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Note: New Mini-Corps participants must be flexible to area of assignment. Only current former Mini-Corps students have a right to priority placement.

Write a narrative, minimum of one page and attach it to the application. The narrative must explain why you feel qualified to work in the Mini-Corps Program. Please elaborate on your experience in education migrant children or, community volunteer work, etc.

Have you ever been **convicted** of any offense other than minor traffic violation since your 18th birthday?

   YES □ NO □

If yes, please explain in a separate letter to the Director of the Mini-Corps Program in a sealed envelope marked "Legal" and "Confidential."

Enclose your most recent college transcript (Fall Semester) and class enrollment verification (Spring Semester) with your application.

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### READ CAREFULLY BEFORE SIGNING

I HEREBY CERTIFY that all statements made in this application are true, and I agree and understand that any false statements of facts herein will cause forfeiture on my part of all rights to participation in the Mini-Corps Program. I understand that if I do not meet the announced requirements I will be eliminated from further consideration.

Signature ___________________________________________

Date ___________________________________________

Please return this form to:

MARIA AVILA, Director
CALIFORNIA MINI-CORPS
510 Bercut Drive, Suite Q
Sacramento, California 95814
(916)446-4603

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Important: Be sure that you have answered all questions thoroughly. (You will be notified by the Mini-Corps Office if you are selected for an interview.)

Mini-Corps applicants must be full-time College students (12 units or more) or high school graduating senior students who are 18 years or older.

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INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.