

Approved for interview Reviewed Application paper work

NAME: _____

Social Security # _____

Name of Univ. or College _____

You are Attending: _____

Date of Finals: _____

Current Address: _____

Number, street

city, state, zip

Permanent Address: _____

Number, street

city, state, zip

TELEPHONE	AREA CODE	NUMBER
1. Present		
2. Permanent		

Birthplace: _____

Are you a legal resident? Yes No

Please be prepared to show legal residence documentation at time of interview

Do you have a car available this summer?

Yes No Driver's License No. _____

PARENT OR GUARDIAN _____

ADDRESS _____

TELEPHONE NUMBER _____

EMPLOYER _____

EMPLOYER'S ADDRESS _____

JOB TITLE _____

PERMANENT OR TEMPORARY EMPLOYMENT? PERMANENT TEMP

MINI-CORPS SUMMER APPLICAIION

(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.

FOF OFFICE USE: APPROVED

Are you presently participating in the Mini-Corps School Year Program? Yes No At which

Program site: _____
Name of M/C site

How many semesters in the M/C program? _____

Date Available to work: _____

Self-supporting? Yes No

If no, please state household's approx. income: _____

Yearly income if head of household _____

Are you in any Grant or Scholarship Program? _____

Yes No (If yes, list the name of Grant or Scholarship and amount you are getting.) _____

How are you financing your education? _____

Other than English what languages(s) do you speak?

1) _____

2) _____

What Sports or Special Activities could you help coach?

SPORT

1. _____

2. _____

3. _____

4. _____

5. _____

ACTIVITY (Talent Skill)

1. _____

2. _____

3. _____

4. _____

5. _____

LIST COLLEGES OR UNIVERSITIES ATTENDED (include Junior Colleges)

NAME OF SCHOOLS	LOCATION (City & State)	TYPE OF DEGREE RECEIVED OR EXPECTED	DATE RECEIVED
1.			
2.			
3.			
4.			

Indicate grade point average for all undergraduate college work using a 4 point scale (A=4; B=3; C=2; D=1).

CPA Cumulative: _____

Credential you are seeking:

Elementary Secondary

Your Intended Major _____

Minor _____

Date of college finals: _____

Number of completed units last semester _____ Number of units you are taking at the present time _____

What is your classification in college as of this date? Freshman Sophomore Junior Senior

High School graduated from _____ City _____ State _____ Year _____

Application Deadline:

March 24, 2006

Incomplete applications will not be accepted

Email: _____

Cell: _____

EMPLOYMENT RECORD

(Most recent first)

1. _____
POSITION TITLE

WEEKLY SALARY	HOURS WORKED PER WEEK (AVERAGE)
---------------	---------------------------------

DATES OF EMPLOYMENT (MONTH AND YEAR)	FROM	TO
--------------------------------------	------	----

NAME OF SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (CITY AND STATE)

MAJOR DUTIES

REASON FOR LEAVING

2. _____
POSITION TITLE

WEEKLY SALARY	HOURS WORKED PER WEEK (AVERAGE)
---------------	---------------------------------

DATES OF EMPLOYMENT (MONTH AND YEAR)	FROM	TO
--------------------------------------	------	----

NAME OF SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (CITY AND STATE)

MAJOR DUTIES

REASON FOR LEAVING

3. _____
POSITION TITLE

WEEKLY SALARY	HOURS WORKED PER WEEK (AVERAGE)
---------------	---------------------------------

DATES OF EMPLOYMENT (MONTH AND YEAR)	FROM	TO
--------------------------------------	------	----

NAME OF SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (CITY AND STATE)

MAJOR DUTIES

REASON FOR LEAVING

If additional space is required please use separate page and attach.

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?
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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?
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OCCUPATION

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 experience in the 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.

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

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.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.