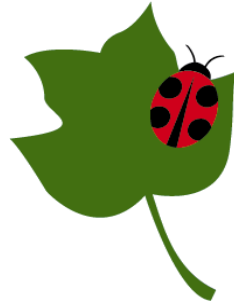


Delaware State Parks

AmeriCorps Program



Delaware State Parks

Apply Today

Return Completed Application Materials to:

Delaware State Parks

Volunteer Office

152 State Street

Dover, DE 19901

Fax: 302-739-6967

DNREC_HelpYourPark@state.de.us

Questions?

302-739-9193

Two (2) Part Application Procedures: Application and Two (2) Reference Forms:

1. Review Program information and Service Position Descriptions
2. Complete and submit application, specifying Location, Length of Service and Position preferences. These may be legibly handwritten. Applications may be submitted by fax, email or mail.

There are no specific deadline dates - Applications are accepted throughout the year until all positions are filled. Summer positions fill quickly- early application prior to April 30 is suggested. After this date, contact AmeriCorps office to inquire about available slots.

Start and end dates are flexible. The last date for admission into the Full-time program year is December 31 and for the Summer program is June 30. Applications received after these dates will be considered for the following program year.

3. Obtain two (2) completed and sealed reference forms.
These may be submitted AFTER the application at a later date.
4. Fax and email submissions are encouraged. The interview and review process begins upon receipt of completed application so timely submission is encouraged.
5. Available positions are filled upon successful interview and review.

Delaware State Parks AmeriCorps Program Service Position Descriptions

VOLUNTEER COORDINATOR

Do you like working with people who want to make a difference? Act as catalysts within the park, generating community support and participation. These members recruit, train, manage and supervise episodic and long-term volunteers and conduct volunteer projects touching all aspects of the park services and programs.

ENVIRONMENTAL EDUCATOR

Looking for a volunteer opportunity that can have a lasting impact? Want to help share a love for the natural world? In this position you will have the opportunity to ignite a lifelong appreciation of the outdoors and expand peoples understanding of the environment surrounding them. Teach and educate visitors about the many natural, historical and cultural wonders in our parks by leading programs, tours, Summer Camps, and outreach activities.

HISTORICAL EDUCATOR

Bring the past to LIFE! March to the beat as a Civil War gunner, gaze out to sea in a WWII Coastal Defense Battery, recreate Mason-Dixon's pivotal role, walk in the buildings that created our state, or demonstrate Life-Saving skills for wrecked ships as a Living History Interpreter. You will assist in conducting First or third person Living History Educational Interpretation Programs.

ENVIRONMENTAL STEWARDSHIP (Summer Only)

Love the environment? Want to help keep it that way? This position will work in the Natural Areas program promoting the wise management and conservation of wildlife and plant species within Delaware State Parks.

TRAILS CREW (Summer Only)

Like to work outdoors? Enjoy working hard and seeing firsthand the results of that work? This position helps to build and maintain miles of trails utilizing the best and most up-to-date trail design practices allowing visitors to experience firsthand the beauty and wonder of our natural environment.

MARKETING- PROFESSIONAL SERVICES

Half the challenge of getting people outside is letting them know what is available. That's what you will do in this position, encourage folks to experience the natural and cultural wonders in our state by creating awareness of the resources right in their own backyards. In this Professional Service Position, you will serve under the direct supervision of our Marketing Director. From community displays to the State Fair, from special events to logistical support and everything in between, this position uses your skills and talent to provide statewide support for recreational and programming opportunities in all of Delaware State Parks.

Delaware State Parks AmeriCorps State Parks Programs PERSONAL PROFILE

NAME: _____
LAST
FIRST
MIDDLE

Are you a United States citizen, national, or lawful permanent resident alien? Yes No
 If you are a lawful permanent resident alien and you received your card after January 1987, what is registration number and card expiration date? _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ **5. PLACE OF BIRTH:** _____
MONTH/DAY/YEAR
CITY/STATE/COUNTRY

GENDER: Male Female

CURRENT ADDRESS: *All information will be sent to this address unless you notify us of a change.*

NUMBER AND STREET (IF POSSIBLE, INCLUDE A NUMBER AND STREET ADDRESS WHEN USING A P.O. BOX)

CITY STATE ZIP CODE

Home Phone () _____ Cell/Work Phone () _____
AREA CODE
AREA CODE

Email (IF AVAILABLE) _____

PERMANENT ADDRESS (if different than above)—Please give the name and address of a person through whom you can always be reached:

Name: _____ **Relationship:** _____
FIRST
LAST

NUMBER AND STREET (IF POSSIBLE, INCLUDE A NUMBER AND STREET ADDRESS WHEN USING A P.O. BOX)

CITY STATE ZIP CODE

Home Phone () _____ Work Phone () _____ E-Mail _____
AREA CODE
AREA CODE
(IF AVAILABLE)

EDUCATION

List all schools including high school that you have attended, including trade or technical schools, military training, and employment training programs.

Name Of School (List Most recent First)	Location of School (City/State)	Dates From MO/YR	Attended To MO/YR	Major or Area of Study	Type of Degree or Certificate	Date Received or Expected
A.						
B.						
C.						

DURATION, TYPE, AND LOCATION OF POSITION DESIRED:

Length of Term: (start & end dates flexible)

_____ **Full-Time:** 11 months, 1700 hrs
 October 1– August 31

Summer Program

_____ 19 week 675 hrs: April – August
 _____ 13 week 450 hrs: June – August

Type of Position: (if selecting more than one, rate positions numerically with 1 being top preference.)

Full-time & Summer Program Positions

_____ Volunteer Coordinator (FT only)

_____ Environmental Educator

_____ Historical Educator

_____ environmental Stewardship

_____ Professional Services

_____ Grant Administration

_____ Creative Services

_____ Marketing/Public Relations

COUNTY/PARK (S) WHERE YOU WOULD MOST LIKE TO PARTICIPATE (Please circle):



NEW CASTLE

- Brandywine Creek
- Bellevue
- Brandywine Zoo
- White Clay Creek
- Fort Delaware/ Fort DuPont
- Lums Pond
- Alopocas Run/ Wilmington State Parks
- Auburn Heights Preserve

KENT

- Killens Pond
- Director's Office
- First State Heritage State Park
- Marketing/ PR Office

SUSSEX

- Cape Henlopen
- Fort Miles @ Cape Henlopen
- Delaware Seashore
- Indian River Lifesaving Station-DE Seashore
- Trap Pond

EMPLOYMENT

List and briefly describe the last four positions you have held. Begin with the current or most recent and go back. Include self-employment, internships/fellowships, home management, and full-or part-time paid or unpaid work experience. (You may attach a resume instead only if it addresses the information requested below.)

Name and Address of Employer	Date	Job Title and Duties
Organization, city/state: _____ _____ Supervisor and Phone: _____ _____	From: ____/____ MO YR TO: ____/____ MO YR Hours/week: ____	Title: _____ Duties: _____ _____ Reason for leaving: _____ _____
Organization, city/state: _____ _____ Supervisor and Phone: _____ _____	From: ____/____ MO YR TO: ____/____ MO YR Hours/week: ____	Title: _____ Duties: _____ _____ Reason for leaving: _____ _____

SKILLS AND EXPERIENCE

Listed below the skill areas in which you have had training or experience, including volunteer or community service experience, and indicate how you gained those skills.

EXAMPLE: Counseling Dorm Advisor

- | | |
|--|--|
| <input type="checkbox"/> Architecture Planning _____ | <input type="checkbox"/> Business _____ |
| <input type="checkbox"/> Computers _____ | <input type="checkbox"/> Communications _____ |
| <input type="checkbox"/> Counseling _____ | <input type="checkbox"/> Conflict Resolution _____ |
| <input type="checkbox"/> Education _____ | <input type="checkbox"/> First Aid _____ |
| <input type="checkbox"/> Fine Arts/Crafts _____ | <input type="checkbox"/> Fundraising _____ |
| <input type="checkbox"/> Law _____ | <input type="radio"/> Medicine _____ |
| <input type="checkbox"/> Public Health _____ | <input type="checkbox"/> Public Speaking _____ |
| <input type="checkbox"/> Recruitment/Outreach _____ | <input type="checkbox"/> Teaching/Tutoring _____ |
| <input type="checkbox"/> Trade Skills _____ | <input type="checkbox"/> Writing/Editing _____ |
| <input type="checkbox"/> Youth Development _____ | <input type="checkbox"/> Other (specify): _____ |

Do you know or have you studied any language other than English? Yes No

Language: _____ Number of Years Studied or Spoken: _____

Speaking Ability: Poor Fair Good Excellent

Writing Ability: Poor Fair Good Excellent

Do you have children who rely on you as their primary caretaker or for financial support? Yes No

In the space below or on a separate sheet of paper, provide any additional experience that may be helpful in evaluating your application:

LEGAL

Answer the following questions fully. Existence of criminal conviction/adjudication may or may not, depending on the circumstances, disqualify you from consideration. However, any intentional misrepresentation or omission will disqualify you. Do not include minor traffic violations.

Have you ever been:

- convicted of any criminal offense by a civilian court or by military authorities? Yes No
- adjudicated or held responsible as a juvenile offender of any criminal offense by a civilian court or by authorities? Yes No

Are you now:

- under charges for any offenses or are any civil suits or judgments pending against you? Yes No
- on probation or parole? Yes No

If no, skip to "Certification" below.

If you answered yes to any of the questions above, please provide the following information:

Date: _____ Place: _____
MONTH/DAY/YEAR CITY STATE

Charge: _____ Action Taken: _____

Court, Probation, or Parole Officer: _____ Phone: () _____
NAME AREA CODE

Address: _____
STREET ADDRESS CITY STATE ZIP CODE

You may attach any additional information or explanation on a separate sheet.

CERTIFICATION

Your application must be certified with your original signature in ink.

I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge, and are made in good faith. I understand that misinformation or omission of information could result in disqualification and/or termination as an AmeriCorps member. I also understand that my selection for participation in some AmeriCorps programs, including AmeriCorps*NCCC, will require a physical examination, including drug and alcohol testing. Background and security checks will be conducted at no fee to you. By signing this application you authorize Delaware State Parks AmeriCorps Program to conduct a criminal history verification. Should you be denied acceptance to the program as a result of this investigation, you will be notified and a copy of the report sent to you.

PRIVACY ACT NOTICE: The Privacy Act of 1974 (5 U.S.C § 552a) requires that the following notice be provided to you: The authority for collecting information from you in this application is contained in 42 U.S.C 12592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C 4953 of the Domestic Volunteer Service Act of 1973 as amended. You are advised that submission of the information is entirely voluntary, but the requested information is required in order for you to participate in AmeriCorps programs.

The principal purpose for requesting this personal information is to process your application for acceptance into an AmeriCorps program, and for other general routine purposes associated with your participation in an AmeriCorps program. These routine purposes may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests, to present and former employers, references provided by you in your application, and educational institutions, for the purpose of verifying the information provided by you in your application. The information will not otherwise be disclosed to entities outside of AmeriCorps and the Corporation for National Service without your prior written permission.

SIGNATURE

DATE

For Parent or Guardian of Applicants Under 18 Years of Age: *I have reviewed this application and I authorize my son/daughter/legal ward to apply to AmeriCorps.*

SIGNATURE

DATE

Name: _____

Relation: _____

Phone: () _____

AREA CODE

Address: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

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Questions?

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KNOWLEDGE OF THE APPLICANT

How long have you known the applicant? Years: _____ Months: _____

In what capacity have you known the applicant?

- Job Supervisor/Employer
- Clergy
- Volunteer Supervisor
- Coach
- High School Teacher
- College Instructor

Other (specify): _____

Please describe the situation in which you know the applicant.

WORK PERFORMANCE

Please comment on such qualities as the applicant's level of dependability, initiative, and ability to work with minimal supervision and as a member of a team.

In your judgment, how competent is this applicant, as demonstrated by work in the community, in school, on the job, or in a position of responsibility? Please check one.

- Outstanding performance
- Above average performance
- Satisfactory
- Below average performance
- Non-satisfactory performance

RELATIONSHIPS WITH OTHER PEOPLE

AmeriCorps members are required to understand other people's viewpoints and problems and to communicate with people from differing backgrounds. Please comment briefly on the applicant's relationships with others.

AmeriCorps members must serve with other participants and with people of varied cultural, economic, education, racial, and religious backgrounds. How would you rate the applicant's working relationships with other people? Please check one.

- Works well with others; can lead or follow as the occasion demands.
- Usually works well with others; can lead or follow in most situations.
- Has average working relationships with others.
- Has difficulty working with others.
- Does not work well with others.

EMOTIONAL MATURITY

Please comment on the applicant's ability to adapt and work under difficult and changing conditions.

AmeriCorps members often serve in conditions of hardship and inconvenience. They must be able to deal with new and changing living conditions, limited financial resources, and considerable amounts of stress. With these considerations in mind, how would you rate the applicant? Please check one.

- Highly effective even in adverse situations and changing conditions.
- Able to adapt to adverse situations and changing conditions.
- About average in adapting to adverse situations and changing conditions.
- May not be able to stand up well in adverse situations and changing conditions.
- Completely unable to handle adverse situations or adapt to changing conditions

ADDITIONAL COMMENTS AND SUPPORTING INFORMATION

If you wish, use additional paper to explain any of your ratings, and anything else about this applicant that you feel is relevant to serving in AmeriCorps—such as the applicant’s desire to serve others, maturity, work ethic, flexibility, and dependability. Explain any reservations that you have regarding the applicant’s participation in the AmeriCorps program to which he or she has applied.

OVERALL RECOMMENDATION

What is your overall recommendation?

- I recommend the applicant without reservation as an excellent candidate for AmeriCorps service.
 - I recommend the applicant as a good candidate for AmeriCorps service.
 - I have some reservations, but I believe the applicant has a reasonable chance of success.
 - I have some substantial doubts about the applicant.
 - I do not recommend this applicant for AmeriCorps service.
-
-

CONFIDENTIALITY STATEMENT

- I AUTHORIZE the program and/or the Corporation for National Service to identify me as the source of this reference and to release a copy of this reference in its entirety upon request to the applicant.
- I DO NOT authorize the program and/or the Corporation for National Service to identify me as the source of this reference, nor do I authorize the release of a copy of this reference in its entirety to the applicant.

Your Signature: _____

**PLEASE RETURN THIS FORM, IN AN ENVELOPE SIGNED
ACROSS THE SEAL, DIRECTLY TO THE APPLICANT.**

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