

V. Emergency Contact

Name	Relationship	Phone Number(s)
Name	Relationship	Phone Number(s)

Please list any relevant medical information, including allergies and medical restrictions.

VI. Reference

Please furnish the name of one reference who is not a relative and is not your present employer or supervisor.

Name: _____

Phone#: _____ Length of Acquaintance: _____

Relationship: _____

VII. Signature

I, the undersigned, certify that the information stated on this application is true, complete and correct to the best of my knowledge and belief and is made in good faith. Any false statements made by me may be used as a basis of rejection for this application.

Printed Name _____ Signature _____ Date _____

Please send completed application form by **10-30-09** to:

CITY YEAR City Heroes

107 S High St, Ste 200

Columbus, OH 43215

Contact: Aseloka Smith at asmith10@cityyear.org or **614-586-4532** for questions.

PLEASE NOTE There are no employment, education or experience requirements to serve as a Cotu Heroes Team Leader. Team Leaders must demonstrate enthusiasm, commitment and a willingness and ability to serve. Also, those selected as team leaders (after the interview process) will undergo background checks to assure the safety and protection of the youth with whom we work. City Year is available to all without regard to race, color, national origin, disability, sex, political affiliation, or religion.

CITY HEROES

Team Leader

application



City Year invites you to join **CITY HEROES**: a fun and challenging service-learning program just for high school-aged youth!

As a **City HEROES TEAM LEADER** you will **teach** and **guide** a group of ten dedicated and enthusiastic **young people** as they:

- **DO** cool service project such as:
 - painting murals,
 - building playgrounds, &
 - planting community gardens;
- **MEET** new friends & different people from all over your community;
- **BE** a part of a team &
- **MAKE** a difference in YOUR community!

If you are up to the **CHALLENGE**, and ready to make a **COMMITMENT**,

APPLY TODAY!





City Heroes Team Leader Application

I. About You

Name: _____

Address: _____
(street & apt. #) (city, state, zip)

Home Phone #: _____ Other Phone #: _____

E-mail: _____ T-Shirt Size: _____

Gender: Male Female Birthdate: _____ Age: _____

Ethnicity: (please circle one below) (optional)

- | | |
|----------------------------------|--------------------|
| African-American/Black | Caucasian/White |
| Asian American/ Pacific Islander | Hispanic/Latino(a) |
| American Indian/Alaskan Native | Multiracial/Other |

II. About Your Employment

Occupation: _____

Title/Position: _____

Employer's Name: _____

Work Phone #: _____ Supervisor's Name: _____

Work Address: _____

III. About Your Education

Name of Last School Attended: _____

City & State of Last School Attended: _____

Are you currently attending this school? _____

Highest Grade Completed/Highest Degree Received: _____

IV. Short Answer Questions

Please use the space below to answer the following questions. You can also use additional paper if you need extra space.

1) Why do you want to be a City Heroes Team Leader?

2) Have you ever worked with high school-aged youth? If so, please tell us how your experience would benefit you in the City Heroes program. If not, what skills or experiences do you have that would help you as a Team Leader?

3) What challenges do you think you might encounter while working with high school-aged youth? How would you overcome these challenges?

4) What would you say makes you a good role model for teenagers?

5) What do you feel you could contribute as a Team Leader?
