



# Rural Alaska Community Action Program, Inc.

731 East 8<sup>th</sup> Avenue; Anchorage, AK 99501

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www.ruralcap.com

## YOUNG LEADER BOARD MEMBER APPLICATION

PLEASE SEE *POSITION DESCRIPTION* FOR DETAILS ON ROLES/ RESPONSIBILITIES

### APPLICATIONS DUE BY WEDNESDAY, NOVEMBER 7, 2018

PLEASE SUBMIT APPLICATION TO:

RURAL CAP BOARD SELECTION c/o JOIE MILLETT

BY EMAIL: [jmillet@ruralcap.com](mailto:jmillet@ruralcap.com)

OR BY FAX: Fax: 1-866-389-8484

### APPLICANT PROFILE

Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Box Number or Street City State Zip Code

Contact: \_\_\_\_\_  
Home Phone Cell Phone E-mail Address

### REFERENCES

Please provide the names and current phone numbers of three people who would recommend you for this position and whom we may contact. References can be mentors, teachers, school counselors, coaches, previous job/volunteer supervisors, etc. (At least two references must not be direct family members.)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

## **EXPERIENCES AND MOTIVATION TO SERVE ON THE RURAL CAP BOARD OF DIRECTORS**

**Please answer the following questions (2 or more paragraphs EACH) in typed or handwritten responses.**

***This is an important part of your application.***

- 1) Who are you? Please describe your background, life experiences and passions you would bring to this position.

2) Have you ever experienced poverty? Can you explain the experience?

3) RurAL CAP assists people across Alaska through a variety of education, training, health promotion, housing and advocacy services. Why are you interested in serving on the RurAL CAP Board of Directors?

## EDUCATION

### Check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Did not complete high school/GED  | <input type="checkbox"/> Some college                    |
| <input type="checkbox"/> Currently enrolled in high school | <input type="checkbox"/> Associate's Degree              |
| <input type="checkbox"/> GED                               | <input type="checkbox"/> Bachelor's Degree               |
| <input type="checkbox"/> High School Diploma               | <input type="checkbox"/> Technical School/Apprenticeship |

List all schools attended, including high school, trade or technical school, military training, college, Job Corps, etc.

A. Name of High School: \_\_\_\_\_ Location: \_\_\_\_\_

Dates Attended: From: month \_\_\_\_\_ year \_\_\_\_\_ To: month \_\_\_\_\_ year \_\_\_\_\_

Type of Degree, Certificate, or Area of Study: \_\_\_\_\_

B. Name of School: \_\_\_\_\_ Location: \_\_\_\_\_

Dates Attended: From: month \_\_\_\_\_ year \_\_\_\_\_ To: month \_\_\_\_\_ year \_\_\_\_\_

Type of Degree, Certificate, or Area of Study: \_\_\_\_\_

C. Name of School: \_\_\_\_\_ Location: \_\_\_\_\_

Dates Attended: From: month \_\_\_\_\_ year \_\_\_\_\_ To: month \_\_\_\_\_ year \_\_\_\_\_

Type of Degree, Certificate, or Area of Study: \_\_\_\_\_

Are you fluent in any language(s) aside from English? If so, which? \_\_\_\_\_

## ACTIVITIES/COMMUNITY EXPERIENCE

Please list below any experience you've had with special activities in-school or out-of-school, community involvement, sports, cultural, arts, subsistence skills, service projects, clubs, public speaking or volunteering, etc. Begin with the present or most recent activity. Use additional pages as needed.

A. Activity: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Community: \_\_\_\_\_

From: month \_\_\_\_\_ year \_\_\_\_\_ To: month \_\_\_\_\_ year \_\_\_\_\_

Your Role or Responsibilities: \_\_\_\_\_

\_\_\_\_\_

B. Activity: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Community: \_\_\_\_\_

From: month \_\_\_\_\_ year \_\_\_\_\_ To: month \_\_\_\_\_ year \_\_\_\_\_

Your Role or Responsibilities: \_\_\_\_\_

\_\_\_\_\_

C. Activity: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Community: \_\_\_\_\_

From: month \_\_\_\_\_ year \_\_\_\_\_ To: month \_\_\_\_\_ year \_\_\_\_\_

Your Role or Responsibilities: \_\_\_\_\_

\_\_\_\_\_

**Please list any other special skills or additional interests:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **WORK EXPERIENCE**

**Please list below any work experience you've had. Begin with the present or most recent position. Use additional pages as needed.**

A. Organization: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone number: \_\_\_\_\_ Address: \_\_\_\_\_

Hours / week: \_\_\_\_\_ From: month \_\_\_\_\_ year \_\_\_\_\_ To: month \_\_\_\_\_ year \_\_\_\_\_

Your Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

B. Organization: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone number: \_\_\_\_\_ Address: \_\_\_\_\_

Hours / week: \_\_\_\_\_ From: month \_\_\_\_\_ year \_\_\_\_\_ To: month \_\_\_\_\_ year

Your Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

C. Organization: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone number: \_\_\_\_\_ Address: \_\_\_\_\_

Hours / week: \_\_\_\_\_ From: month \_\_\_\_\_ year \_\_\_\_\_ To: month \_\_\_\_\_ year

Your Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Have you ever served in the U.S. military or a National Service program?  YES  NO

Check all that apply:

- U.S. Armed Services  AmeriCorps  VISTA  Peace Corps

If yes, please provide name of program or branch of service, dates of service, and, if you were a member of the armed services, type of discharge.

\_\_\_\_\_  
\_\_\_\_\_

## CERTIFICATION

Please read the following statement before signing.

*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 the information provided will be used to process my application for the Youth Leader Board Member position, and it will not be disclosed outside of RurAL CAP without prior written permission.*

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

**OPTIONAL**

**The following information will in no way affect your selection.**

How did you hear about this position? \_\_\_\_\_

What is your ethnic background? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Alaskan Native/American Indian  | <input type="checkbox"/> Hispanic           |
| <input type="checkbox"/> African American                | <input type="checkbox"/> White/non-Hispanic |
| <input type="checkbox"/> Asian American/Pacific Islander | <input type="checkbox"/> Other: _____       |

Do you have any special needs that require accommodation?  YES  NO

If yes, please specify: \_\_\_\_\_