

Summer Communities of Service Application 2020

Personal Contact Information

Personal Contact Information

Last Name *

First Name *

Middle Name

Street Address (permanent address) *

City *

State

Zip Code *

Cell Phone Number

Home Phone Number

Email Address *

Date of Birth *

Clear

Are you available for these dates of service: May 29 - August 10? *

- Yes
 No

If no, indicate conflict (for conversation during interview)

Tell us how you found out about Summer Communities of Service.

- Online posting at my college
- Faculty at my college
- Campus visit by Summer Communities of Service
- Clergy at my church
- Mentor or Friend
- Facebook
- Twitter
- Alumni, Summer Communities
- Advertisement (Please share where in the 'other' field below)
- Other
- Other

We'd love to give you a shout out online. Give us your twitter handle and we'll tweet about how excited we are to have you apply for Summer Communities of Service.

Types of Skills and Experience You Bring

Skills

Please indicate skills and previous experience where applicable.

Languages spoken/written

Driver's license

Education (children)

Gardening

Environmental Sustainability

Music/Art/Drama

Community organizing for social movements

Direct Social Service

Legislative Advocacy

Experience

You may either upload your resume here or complete the following sections on experiences, employment, and education.

Select File No file selected

Maximum File Size: 20MB

No file attached

Please list any social service or organizing experience you might have (most recent first)

Start Date

Clear

End Date

Clear

Organization

Location

Responsibilities

Start Date

Clear

End Date

Clear

Organization

Location

Responsibilities

Start Date

Clear

End Date

Clear

Organization

Location

Responsibilities

Start Date

Clear

End Date

Clear

Organization

Location

Responsibilities

Start Date

Clear

End Date

Clear

Organization

Location

Responsibilities

Employment History

Please provide your employment history (most recent first).

Start Date

Clear

End Date

Clear

Employer

Location

Responsibilities

Start Date

Clear

End Date

Clear

Employer

Location

Responsibilities

Start Date

Clear

End Date

Clear

Employer

Location

Responsibilities

Formal or Informal Education

Please provide information about any formal or informal education you've received (most recent first).

Start Date

Clear

End Date

Clear

School/Organization

Location

Degree/Major/Field

Start Date

Clear

End Date

Clear

School/Organization

Location

Degree/Major/Field

Start Date

Clear

End Date

Clear

School/Organization

Location

Degree/Major/Field

Please list any certifications you have and their expiration date (if applicable)

Motivation for Service

Motivation for Service

If you need more time to complete this application, you may log in any time using the username and password you created when you began the application.

What has led you to apply for the Summer Communities of Service of the Alliance of Baptists and UCC? *

What strengths in skills, knowledge, and sensitivities would you contribute during your time of service? *

What area of social service or justice advocacy work would be most difficult for you? *

Describe an experience you have had with a person or group of people from another race, religion, culture, or country. What did you learn from that experience? *

Service Priorities and Options

Placement Preferences

Type of ministry setting where you would prefer to serve

- Disaster Recovery
- Environmental Justice
- Environmental Sustainability
- Community Justice Organizing
- Food Sustainability
- Community Gardening

Self Assessment

Self Assessment

The following self ratings are to reflect your response in specific situations. Comments are especially helpful for our placement process.

My ability to identify my strengths and weaknesses *

- Outstanding (best)
- Satisfactory
- Fair
- Needs Work
- Unknown

Comments

My ability to derive satisfaction from achievements other than the accomplishment of measurable results *

- Outstanding (best)
- Satisfactory
- Fair
- Needs Work
- Unknown

Comments

My ability to recognize the influence of my own culture on my attitudes, assumptions, values, and behavior and adjust to different lifestyles and expectations. *

- Outstanding (best)
- Satisfactory
- Fair
- Needs Work
- Unknown

Comments

My ability to work with others, especially where there are differences of theological or political beliefs or work objectives *

- Outstanding (best)
- Satisfactory
- Fair
- Needs Work
- Unknown

Comments

My ability to participate in the process of planning and decision-making to produce mutually determined goals *

- Outstanding (best)
- Satisfactory
- Fair
- Needs Work
- Unknown

Comments

My ability to function effectively when the lines of authority are blurred *

- Outstanding (best)
- Satisfactory
- Fair
- Needs Work
- Unknown

Comments

Optional Identity Information

Religious Affiliation (if any)

This information is collected for informational purposes and is not a factor for admission into Summer Communities of Service

Home Faith Community Name

Address

City

State

Zip Code

Name of Spiritual Leader

Phone Number

Email Address

Racial/Ethnic Identity

Equal Opportunity: The UCC and Alliance of Baptists do not discriminate against applicants on the basis of religion, race, color, national origin, sex, sexual orientation, or disabilities. The following information is requested to assist with charting inclusiveness. If you wish to be more specific in describing yourself, please do so. Please check any that apply.

- Asian/Pacific Islander
- Latino/a
- European American
- African American
- Native American
- Other

Permissions

Permissions

I acknowledge that the information provided in this application is true and complete. I hereby authorize UCC and the Alliance of Baptists National Offices to share the information on this form with staff, host churches, and host service sites. I authorize UCC National Office, the Alliance of Baptists, and/or their agents to investigate all statements contained in this screening form. I also authorize all persons and entities to respond to inquiries concerning me, to supply verification of the information provided in this application, and to comment on or state opinions regarding my background and character. I hereby release all such individuals and entities from any liability and responsibility arising from their doing so. By checking this box, I confirm that all information included in this application is accurate and I agree with the terms stated. *

- Yes, the information in this application is accurate and I agree with the terms stated

If accepted and placed as a participant in the Summer Communities of Service, I give permission for my photograph and image to be used by the host program, partner agency and /or UCC or Alliance of Baptists' National Offices. *

- Yes
 No

References

Reference 1

Your application will be considered complete upon reception of 3 references and this application. You are responsible for following up with your references to ensure completion. You may log in and edit or substitute references here at your discretion as long as they have not already completed the reference form. You will be notified when your application is complete. A first round telephone/Skype interview will be arranged upon receipt of your completed application. A second round interview with the local program may follow.

Reference's First Name *

Reference's Last Name *

Reference's Email Address *

Reference's Phone Number

Reference's Address

City

State

Zip Code

Number of years known and relation to you *

Reference 2

Your application will be considered complete upon reception of 3 references and this application. You are responsible for following up with your references to ensure completion. You may log in and edit or substitute references here at your discretion as long as they have not already completed the reference form. You will be notified when your application is complete. A first round telephone/Skype interview will be arranged upon receipt of your completed application. A second round interview with the local program may follow.

Reference's First Name *

Reference's Last Name *

Reference's Email Address *

Reference's Phone Number

Reference's Address

City

State

Zip Code

Number of years known and relation to you *

Reference 3

Your application will be considered complete upon reception of 3 references and this application. You are responsible for following up with your references to ensure completion. You may log in and edit or substitute references here at your discretion as long as they have not already completed the reference form. You will be notified when your application is complete. A first round telephone/Skype interview will be arranged upon receipt of your completed application. A second round interview with the local program may follow.

Reference's First Name *

Reference's Last Name *

Reference's Email Address *

Reference's Phone Number

Reference's Address

City

State

Zip Code

Number of years known and relation to you *