

CiviCorps is a program designed to serve individuals between the ages of 17-24 who have been involved with the juvenile justice system within 12 months of entry into the program. Corps Members will have the opportunity to work toward their GED and/or industry recognized certification while participating in service learning opportunities and community service projects. Strong emphasis is placed on self sufficiency of the individual by increasing their educational and employment skills.

The application process:

- All applications are to be submitted no later than November 3rd to ensure your opportunity to be considered for the fall **CiviCorps** program cycle.
- Interviews of selected applicants will take place October 26th through November 4th.
- Orientation of selected applicants will begin on November 8th through November 11th with the first day of programming starting on November 14th.

What you will gain from CiviCorps:

Education

- Participants will prepare for their GED, vocational school and/or college education
- Work towards an industry recognized certification

Job Training

- Participant will be provided with career preparation, job-seeking skills, soft skills training and supportive services

Service Learning Opportunities

- Opportunities for participants to utilize their own unique skills, foster pro-social skills, build healthy relationships, promote civic responsibility and create networks of trust and support

Return applications to:
CiviCorps Centralia Campus
831 E. 2nd Street
Centralia, IL 62801
Or

CiviCorps Benton Campus
308 E. Church Street
Benton, IL 62812

For More Information Contact:

Jeff Campbell, Program Manager
Phone: (618)533-5288 ext. 223
Fax: (618)533-5291

Krista Payne, Asst. Program Manager
Phone: (618)435-2100 ext. 222
Fax: (618)435-2122



CiviCorps of Jefferson, Franklin & Marion Co. Application

Name: _____ Date: _____

Address: _____

Phone: _____ Alternate Phone: _____

City: _____ Age: _____ DOB: _____

Zip _____

S.S. # _____ E-mail _____

Where did you hear about **CiviCorps**?

- Newspaper
- Radio
- TV

- Flyer
- Word of Mouth
- Other (write in) _____

Why are you interested in being in this program?

If you are accepted into this program, you will be expected to spend 13 hours / week in an academic setting with emphasis placed on reading, writing, math, and construction as well as GED preparation. The remaining 13 hours will be spent on community projects and service learning opportunities. Classes will meet Monday and Wednesday 8:15am - 3:10pm. Tuesdays and Thursdays will be devoted to community service 8:15am-3:10pm and Fridays will be devoted to educational programming and service learning opportunities 8:15am-3:10pm.

Health

Do you have any physical, medical, or health problems? Yes No

If yes, please describe:

Are you supposed to wear eyeglasses? Yes No

Do you have asthma? Yes No

Diabetes? Yes No

Do you smoke? Yes No

If you smoke, can you limit your smoking to breaks and lunchtime? Yes No

Have you ever had a physical examination? Yes No

If yes, when was your last physical exam? Date: _____

Education

Did you have an IEP? Yes__ No__ If so, what accommodations were made for you?

If you did not complete high school or get your GED, why did you drop out?

Driving

Do you know how to drive? Yes No

Do you own/have access to a car? Yes No

Do you have a valid Driver's/Operators License? Yes No

Has your Driver's/Operators License ever been revoked? Yes No

Training and Work History

Have you ever been in another training program? Yes No

If yes, give name and location of program:

Dates you attended this program: _____

Did you complete the program? Yes No

Employment

Have you ever held a job before? Yes No

Name & Address of Company:

Dates you worked there: From: _____ To: _____

Pay per week: \$ _____

Job Title: _____

Supervisor's Name and Title: _____

Job description: _____

Reason for Leaving? _____

Current Employment

Are you currently working? Yes No

If so, is your job Full Time Part Time

If employed, current hourly wage rate: \$ _____ per hour

Number of hours, on average, you work each week: _____

Mental Health History

Have you ever been diagnosed with a mental health condition? Yes No

If yes, please give date and diagnosis _____

Do you take any medication(s)? Yes No

If so, what medication(s) do you take and how often?

Have you ever been hospitalized for any medical, emotional or mental health reasons? Yes No

If so, when and why? _____

Emergency Contact Information

In Case of an emergency we will contact the individuals that you designate

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Supports

Name at least two people that have been positive influences or role models in your life

1. _____ 2. _____

How have these persons been influential in your life? _____

Comments

Verification Statement

Date: _____

Participant: _____

Cycle: _____

I certify that the all information in this application is correct to the best of my knowledge and that there is no intent to commit fraud. I have been advised that this information will be entered into a computerized system and may be shared with other agencies for the purpose of administering programs of these agencies. I have the right to inspect this information and initiate appropriate corrections through the administering agency. I further certify that I have been informed of my rights to file a complaint.

Are you registered to Vote? Yes No

Are you registered in the Selective Services Data base? Yes No

Have you ever been convicted of any crime? Yes No

Have you ever been incarcerated? Yes No

If yes, how long were you incarcerated and give the date of your incarceration _____

I dropped out of High School
School/Date: _____
Highest grade completed: _____

I am on Probation
Probation Officer/Phone number: _____
Date Probation began: _____
Offense: _____

I am on Parole
Parole Officer/Phone number: _____
Date Paroled: _____
Offense: _____

I am the child of an incarcerated parent
Parent: _____
Institution: _____

Signature of Participant: _____ Date: _____

Name of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____