



**Family HealthCare Network  
AmeriCorps Program Interest Card  
2020-2021**

Name:

Address:

Phone #

Why are you interested in the AmeriCorps Program?

What do you hope to gain from serving as an AmeriCorps Member?

Please describe an example in which you have demonstrated the ability to adapt to new situations?

Please describe any public speaking or community service experience you may have:

Do you plan on attending college classes while in the program? Yes      No

Are you able to serve 40 hours per week? Yes      No

Are you Fluent in any language other than English? Yes      No  
If yes, what language?

**Please attach a Resume with this Interest Card**

**E-Mail this form to:**

**Josette Romero Guzman**  
**(559) 802-6058 | [joguzman@fhcn.org](mailto:joguzman@fhcn.org)**

**Please Submit Interest Cards and Resumes by: October 5, 2020**