

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



Name:

Address:

Phone #:

Email:

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:

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