



COORDINATOR APPLICATION

Term _____

Name: _____

Permanent Address: _____
street address

_____ Phone: (____) _____
city state zip

Social Security Number: _____ Class Year: _____

Cell Phone: _____ PO Box #: _____

Campus Phone Number: _____ Email Address: _____

Please check: Federal Work Study _____ Volunteer _____ Class requirement _____

Classes	Meeting Days & Time	Labs (if any)

Please list any other commitments you have during the school year that might interfere with your participation in America Counts.

Activity	Meeting Day(s)	Meeting Time(s)

If you will have other work study positions on campus, please complete the following information.

Office	Position Held	Supervisor	Term(s) & Year

Why do you want to be an America Counts coordinator?

What strengths do you feel you will bring to the position?

Describe a challenge that you faced during America Counts and how you would have handled it as a coordinator?