



Public Health Service Members Interest Form

2023-2024

First Name: _____ Last Name: _____

Age: _____

Email Address: _____

What is the best phone number to reach you: _____?

Do you own a car: Yes _____ No _____?

Have you previously served in AmeriCorps? Yes _____ No _____

How did you hear about us?

___ AmeriCorps Website

___ Indeed

___ Service Year

___ College Posting/Handshake

___ Social Media (Instagram, LinkedIn, Facebook)

___ Word of Mouth

___ Other: _____

Let us know if you have any questions:

Once done, please email the form to healthyhomes@cityoflawrence.com