



# WisCorps Crew Member Application

## Applicant Information

Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Education Information

Are you enrolled in school? YES NO

Current Level of School Completed:

Current High School Student or Some High School Completed	High School Graduate or GED	Attending College or Technical School	Associate's, Bachelor's, or Higher Degree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## WisCorps Related

Have you worked or served with WisCorps or the Myrick Park Center before? YES NO

If you selected yes, what was your position and what year did you work or serve with us? \_\_\_\_\_

How did you learn about WisCorps or the Myrick Park Center? (Check All That Apply)

School: Class or Club Presentation	Career Fair	LinkedIn	Social Media	Indeed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friend	Conservation Job Board	WisCorps Website	Visited the Center	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Friend's Name: \_\_\_\_\_ (One name only, please!) Other: \_\_\_\_\_

Which Crew Program Session are you interested in (check all that apply)?

<b>Summer Session #1</b> <i>June 6<sup>th</sup> – August 11<sup>th</sup></i> <input type="checkbox"/>	<b>Summer Session #2</b> <i>June 6<sup>th</sup> – August 25<sup>th</sup></i> <input type="checkbox"/>	<b>Fall Session</b> <i>September 19<sup>th</sup> – November 17<sup>th</sup></i> <input type="checkbox"/>
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Which Conservation Crew(s) do you have an interest in joining (check all that apply)?

<b>Local La Crosse</b> <input type="checkbox"/>	<b>Traveling Crew</b> <input type="checkbox"/>
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**Certification**

*I hereby state that the information provided in this application is true and accurate to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your interest in WisCorps' Crew Program!

WisCorps provides equal employment opportunities without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran per applicable federal, state, and local laws. We are committed to assuring equal employment opportunity and equal access to services, programs, and activities for persons with disabilities. If you have a disability, and need to access information in an alternative format, or need it translated into another language, please contact us at 608-782-2494, by email at [staff@wiscorps.org](mailto:staff@wiscorps.org), or Wisconsin Relay 711.