

Site Agreement & Member Development Plan (Page 1 of 3)

Part I: Completed by AmeriCorps member

Member Name: _____

Campus: _____

Service Site: _____ (Write full name of site—no acronyms)

Service Site is (please check all that apply): Non Profit School Govt. Agency Other _____

1. SIS Program Concentration Areas: (You must check at least one and all that apply)

(For more information go to <http://www.studentsinservice.org/allowablesactivities.shtml>)

- Strengthening Community-Based Organizations Capacity Education/Improving College Access and Success
 Engaging Veterans Mobilizing Volunteers

2. Who are the beneficiaries of your service? (You must check at least one and all that apply)

- Disadvantaged/At risk youth Environment
 Senior Citizens K-12 Schools
 Homeless Population Low Income individuals
 Veterans Individuals with disabilities
 Immigrants/Refugees Other: _____

3. What unmet community need(s) does your service address?

The need is to improve:

- Education/literacy outcomes for disadvantaged and/or at-risk youth
 Health/health care access and outcomes for vulnerable populations
 Access to services targeted toward low income families and individuals
 The local environment and increased awareness of environmental issues
 Assistance for homeless populations
 Rehabilitation for those suffering from substance abuse/addiction
 Other: _____

4. What are your specific duties and responsibilities at your service site? Provide details and examples.

Attach additional page if needed.



5. Describe two ways in which your service will positively impact your local community:

1. _____

2. _____

6. What value-added service will you bring to your service site as an SIS AmeriCorps member? Value-added service is the additional benefit a community receives from having an SIS AmeriCorps member (You must check at least one and all that apply)

- Increased ability to meet a critical community need that otherwise would not be met.
- Service wouldn't get done otherwise without an SIS AmeriCorps member.
- Improved service delivery strategies such as additional service learning activities for students, starting a service learning club, providing additional resources for community members, etc., above standard requirements of an internship/practicum
- Increased ability to recruit volunteers for National Days of Service and other community based projects.
- Increased number of skilled volunteers serving in a critical needs area and/or working with high needs people as opposed to taking an internship/practicum opportunity at a for profit organization or in a low needs area.
- Increased number of hours served above standard requirement for internship or practicum.

Member Development Plan:

Please provide member development/training goals you plan to pursue during your term of service that will help you better serve your community now and in the future.

1. _____

2. _____

3. _____

As an AmeriCorps member participating in the SIS AmeriCorps program, by signing below I certify that:

- I acknowledge and understand that if I am serving a vulnerable population (children 17 years or younger, persons 60 years or older, or individuals with disabilities), I will not serve unsupervised until all Criminal Record Checks have been completed, reviewed and approved and I have been contacted about the approval by my SIS Campus Coordinator.
- My service meets the SIS AmeriCorps Program's "Allowable Activities" and that my direct service and member development activities do not include any activities on the "List of Prohibited Activities" as provided by AmeriCorps.
- All the information is accurate to the best of my knowledge. If any significant changes occur with my service responsibilities I will submit an updated site agreement for approval.

Member Signature: _____

Date: _____



Site Agreement & Member Development Plan (Page 3 of 3)

Part II: Completed by Site Supervisor

Please check the appropriate box.

Yes or **No** Will the SIS AmeriCorps member have "recurring" access with children 17 years or younger, persons 60 years or older, or individuals with disabilities at your site? **If yes**, please answer the question below.

Yes or **No** Have you ordered an FBI Fingerprint Check for the SIS AmeriCorps member? **If yes**, then complete and return the FBI Fingerprint Check Verification Form to the member to include in his/her SIS AmeriCorps enrollment package.

By signing below you certify the following:

- The SIS AmeriCorps member will not serve a vulnerable population (children 17 years or younger, persons 60 years or older, or individuals with disabilities) unsupervised until all Criminal Record Checks have been completed, reviewed and approved.
- My organization provides general liability coverage or similar insurance for volunteers (including AmeriCorps members) serving at our site (Most education, government and registered non-profit organizations have some form of general liability coverage covering volunteers. Please contact your business office if you have questions. General liability or similar coverage is "required" to have an SIS AmeriCorps member serve at your site.)
- The SIS AmeriCorps member is not performing services or duties that have been performed by, or were assigned to, a presently employed worker; employee who was recently resigned or was discharged; employee who is subject to a reduction in workforce who has recall rights pursuant to a collective bargaining agreement or applicable personnel procedures; employee who is on leave; or employee who is on strike or is being locked out.
- I have accessed the Students in Service AmeriCorps website and have reviewed the Site Supervisors web page content (<http://www.studentsinservice.org/supervisors.shtml>) and understand the expectations of being an SIS AmeriCorps site supervisor.
- The SIS AmeriCorps member will be adequately trained and supervised, and his/her service will not include activities listed on the "List of Prohibited Activities" provided by AmeriCorps (<http://www.studentsinservice.org/prohibited.shtml>).
- **For Student Teachers Only:** The above SIS AmeriCorps member is doing his/her student teaching at a Title 1 funded institution or teaching in Special Education, ESL/Bilingual Education, or Math & Science Education.

Primary Site Supervisor Signature: _____

Date: _____

Print Site Supervisor Name: _____

Title: _____

Site Supervisor Email: _____

Phone: _____

Secondary Site Supervisor Signature: _____

Date: _____

Print Site Supervisor Name: _____

Title: _____

Site Supervisor Email: _____

Phone: _____

Part III: Completed by the SIS Campus Coordinator

As the SIS Campus Coordinator, I have reviewed the Site Agreement and certify that the SIS AmeriCorps Member and Site Supervisor have satisfactorily completed the Site Agreement. It is my best judgment that the SIS AmeriCorps member will be adequately trained and supervised and engage in service that meets all AmeriCorps guidelines.

SIS Campus Coordinator Signature: _____

Date: _____

