

**AMERICORPS STUDENT LEADERS IN SERVICE
ENROLLMENT WORKBOOK**

Name: _____

Campus: _____

Enrollment Date: _____

Expected End Date: _____

Enrollment Checklist

AmeriCorps Enrollment Form

(Please leave page 3 blank except for SSN on top)

Completely Filled Out Signed

Member Contract

(Date on AmeriCorps Enrollment Form should match dates signed on contract and Enrollment Date on this cover)

Completely Filled Out/Dated Signed

Position Description Form

Completely Filled Out Signed

AmeriCorps pledge

Signed

AmeriCorps Member Eligibility Verification Form/Document

Copy stapled to back of Enrollment Book

Site Agreement and Member Development Plan

(for member AND service site supervisor)

Member filled out top half Service supervisor filled out bottom half

Criminal Background Check Verification Form

(service site supervisor should fill out if member is receiving CORI through them)

Completely Filled Out Signed

Verification Form for Temporary Supervision

(for members working with vulnerable populations while CORI results are pending)

Completely Filled Out Signed

Pre-Enrollment Survey

Survey Taken

Drug Awareness Quiz

Quiz Taken Signed

Orientation Sign-in Sheet (supervisor will submit separately)

Member signed a Sign-in Sheet

When all forms are completed, please turn it into your campus supervisor. **Enrollments must be received at MACC within 30 days of the Enrollment Date listed above.**



AMERICORPS ENROLLMENT FORM



Completion of this form is required to enroll an AmeriCorps member in the National Service Trust, making the member eligible for an education award upon successful completion of his or her term of service. It also provides the Corporation for National and Community Service with basic demographic data.

DIRECTIONS TO MEMBER:
1. Use blue or black ink.
2. Print clearly.
3. Please complete and sign Part 1 and Part 2.
4. Return the completed form to your **Program Director**.

PART 1 Member: Please Complete and Sign

1. Name _____
Last _____ First _____ MI _____
2. Date of Birth _____ 3. Social Security Number _____
Month Day Year

4. Citizenship Status I am a U.S. Citizen or National * I am a Lawful Permanent Resident Alien of the United States **
*Citizens of the US include persons born in Puerto Rico, Guam, the US Virgin Islands, and the Northern Mariana Islands. Nationals of the US include persons born in America Samoa, including Swains Island.

**Generally, you are a Lawful Permanent Resident Alien of the US if you are a US permanent resident with (i) a Permanent Resident Card, INS Form I-551; (ii) an Alien Registration Receipt Card, INS Form I-551, (iii) a passport indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence; or (iv) an I-94 indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence. NOTE: A student visa does not confer eligibility to enroll in an AmeriCorps program.

5. High School Status: I have received a high school diploma or its equivalent
OR
 I agree to obtain a high school diploma or its equivalent before using my education award, and I did not drop out of elementary or secondary school to enroll in the program.

6. Males 18-26 years old not yet registered with the Selective Service System: If you would like the Corporation for National and Community Service to provide the information on this page to the Selective Service System so that the agency may register you, please check this box.

7. Current Address (All information will be sent to you at this address until you notify the Corporation of a change of address.)
Number and Street _____
City _____ State _____ Zip Code _____
Email Address _____
Home Phone _____ Business Phone _____ Ext _____

8. Permanent Address (Name and address of person through whom you can always be reached once you leave the program.)
Last _____ First _____ MI _____
Number and Street _____
City _____ State _____ Zip Code _____
Email Address _____
Home Phone _____ Business Phone _____ Ext _____

9. Have you ever previously enrolled in an AmeriCorps program? No Yes . If Yes, how many times: _____
10. Have you ever been released 'for cause' from a term of service by this or any other AmeriCorps program? No Yes .

By signing this enrollment form I agree, if asked, to provide information to verify the accuracy of my completed form. I understand that a knowing and willful false statement on this form can be punished by one or more of the following: a fine or imprisonment or both under Section 1001 of Title 18, U.S.C., exclusion from participation in federal programs, and forfeiture of benefits I may receive as a result of my enrollment or other actions authorized by the Civil Fraud Remedies Act.

Member's Signature _____ Date _____

PART 2**Member: Please Answer the Following Questions****1. What is your gender?**

- Female
 Male

2. Are you registered to vote?

- Yes
 No
 Not sure
 Not eligible
 Prefer not to respond

3. (Optional) Which of the following categories best describes your racial or ethnic origins? (Mark one or more from A and one from B)**A. Race**

- American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 Black or African American
 White
 Asian
 Other

B. Ethnicity

- Hispanic origin
 Not of Hispanic origin

4. Which one of the following best describes your marital status?

- Single, never married
 Married, living with husband/wife
 Married, not living with spouse/legally separated
 Widowed
 Divorced
 Prefer not to respond

5. What is the highest level of education you have completed?

- Less than high school completed
 GED
 High school graduate
 Technical school/apprenticeship/vocational
 Some college
 Associates degree (AA)
 College graduate
 Some graduate school
 Graduate degree
 Professional degree (medical, law)

6. Do you have a disability?

- Yes (Specify: _____)
 No
 Prefer not to respond

7. Are you a veteran of the United States Armed Forces?

- Yes
 No

8. What are the two most important reasons why you decided to join this program?

- To get an education award
 To help other people/perform a community service
 To be part of a national movement
 To get a job/earn money
 Friends have joined
 To make friends
 To learn about or work with different ethnic/cultural groups
 Parents/teachers wanted me to join
 To explore future job/education interests
 To get involved in health issues
 To get involved in education issues
 To get involved in environment issues
 To get involved in public safety issues
 Other (Specify: _____)

9. How did you hear about this program? (Mark all that apply.)

- Article
 Advertisement in a newspaper/magazine
 Guidance counselor/teacher
 Parent/relative
 Current or former AmeriCorps Member
 Friend told me/friend applied
 TV commercial
 Radio commercial
 The internet
 AmeriCorps recruiter/representative
 Received information in the mail
 AmeriCorps program poster
 Other (Specify: _____)

10. Privacy Act Information Release

- Yes, I give the Corporation for National and Community Service permission to release my name, address, email and telephone number to the AmeriCorps alumni association.

Public reporting burden -- Estimated time to complete this form, including time for reviewing instructions and gathering and providing the information needed to complete the form, is 3 minutes for the Member section and 4 minutes for the Certifying Official section. Send comments regarding this burden or the content of this form to: Corporation for National and Community Service, National Service Trust, 1201 New York Avenue, NW, Washington, DC 20525. The Corporation informs the potential persons who are to respond to this collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number on this page of the form (see 5CFR 1320.5(b)(2)(1))

Privacy Statement -- In compliance with the Privacy Act of 1974, the following information is provided: The collection of this information is authorized by the provisions of the National and Community Service Act as amended by the National and Community Service Trust Act of 1993. The primary purpose of the information is to obtain from AmeriCorps program representatives their data to successfully enroll a member in a term of service and the education award program. The evaluative information will help the Corporation improve its programming and services to members. Information may also be provided to federal, state, and local agencies for law enforcement purposes. Information will not otherwise be disclosed outside the Corporation without written permission. The Internal Revenue Service has determined that the education award is taxable in the year it is used. Your Social Security Number (SSN) is solicited under the authority of the Internal revenue Code (28 U.S.C. 6011© and 6109) for use as a taxpayer identification number. Failure to disclose the SSN or any other information may result in a denial of your receiving an education award or it may delay the processing of your education award. In furtherance of the Corporation's efforts to ensure that the programs are inclusive of persons with disabilities, your Social Security Number may be released to the Social Security Administration to measure aggregate statistical data on the number of AmeriCorps members receiving disability-based benefits. If you do not wish your personal information to be included in this research, mark "prefer not to respond" under question 6.

For Official Use Only

Member Social Security Number _____

DIRECTIONS TO CERTIFYING OFFICIAL:

- 1. Use blue or black ink.
- 2. Please complete and sign Part 3.
- 3. Print clearly.
- 4. If you are using WBRS or eSPAN, please provide the form to whoever enters data into that database for your program.

PART 3

Certifying Official: Please Complete and Sign

This section must be signed by an authorized certifying official. The program must designate certifying officials.

1. Type of Enrollment (Mark only one.)

- Full-time (1700 hours per year or 365 days for VISTA)
- Half-time (900 hours in up to 2 years)
- Reduced half-time 675 hours
- Quarter time 450 hours
- Minimum time/Summer 300 hours

2. Is the member enrolling in an AmeriCorps education award only position (i.e. received no Corporation-funded living allowance or benefits)?

- Yes
- No

3. Will the member receive a living allowance?

- Yes
- No

4. Date of Enrollment: _____
mm/dd/yyyy

5. Type of Program

- AmeriCorps National Direct
- AmeriCorps State
- AmeriCorps Tribe
- AmeriCorps Territory
- AmeriCorps National Civilian Community Corps
- AmeriCorps Education Award Program
- AmeriCorps Promise Fellows
- AmeriCorps America Reads
- AmeriCorps Governor's Initiative
- Other (Specify): _____

6. Program Information

Name of Program or AmeriCorps NCCC Campus _____

Operating Site I.D. Number _____

Number and Street _____

City _____ State _____ Zip Code _____

Business Phone _____ Ext _____

Signature of Certifying Official _____ **Date** _____

Name of Certifying Official (Please Print): _____

I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C.

AMERICORPS STUDENT LEADERS IN SERVICE

2010- 2011 MEMBER CONTRACT

I. PURPOSE

It is the purpose of this agreement to delineate the terms, conditions, and rules of membership regarding the participation of _____ (hereinafter referred to as the "member") in the AmeriCorps Student Leaders in Service AmeriCorps Program (hereinafter referred to as the "Program").

II. MINIMUM QUALIFICATIONS

The member certifies that he/she is a United States citizen, a United States national, or a lawful permanent resident alien at least 17 years of age and enrolled in a two year or four year institution of higher education in Massachusetts. By signing this contract, the member will also certify, under penalty of law, that s/he has a high school diploma or equivalency certificate or agrees to obtain on before using the education award.

This program is available to all, without regard to race, color, national origin, disability, age, sex, political affiliation, or, in most instances, religion.

III. TERMS OF SERVICE

- A. The member's term of service begins on _____ (date this contract is signed) and ends on _____ (one year from the start date). The program and the member may agree, in writing, to extend this term of service for the following reasons:
- The member's service has been suspended due to compelling personal circumstances.
 - The member's service has been terminated, but a grievance procedure has resulted in reinstatement.
- B. The member will complete the assigned number of hours of service during this period.
- C. The member understands that to successfully complete the term of service (as defined by the program and consistent with regulations of the Corporation for National Service) and to be eligible for the education award, he/she must complete the required hours of service and satisfactorily complete pre-service training and the appropriate education/training that relates to the member's ability to perform service.
- D. The member understands that to be eligible to serve a second term of service the member must receive satisfactory performance reviews for any previous term of service. The member's eligibility for a second term of service with this program will be based on at least an end-of-term evaluation of the member's performance focusing on factors such as whether the member has:
- Completed the required number of hours;
 - Satisfactorily completed assignments, tasks, or projects; and
 - Met any other criteria that were clearly communicated both orally and in writing at the beginning of the term of service.

The member understands, however, that the mere eligibility for an additional term of service does not guarantee selection or placement.

IV. BENEFITS

- A. Upon successful completion of the member's term of service, the member will receive an education award from the National Service Trust. For successful completion the assigned number of hours, the member will receive an education award. The amount of the education awards are:

Check one:

Position	No. of Hours	Award	Check Your Term
Full-Time	1700 Hours	\$4725.00	
Half-Time	900 Hours	\$2,362.50	
Reduced Half-Time	675 Hours	\$1,800.00	
Quarter-Time	450 Hours	\$1250.00	
Minimum-Time	300 Hours	\$1,000.00	

- a. The member understands that his or her failure to disclose to the program any history of having been released for cause from another AmeriCorps program will render him or her ineligible to receive the education award.

B. If the member has received forbearance on a qualified student loan during the term of service, the National Service Trust will repay a portion or all of the interest that accrued on the loan during the term of service.

V. RULES OF CONDUCT

A. At no time may the member:

- Engage in any activity that is illegal under local, state or federal law.
- Engage in activities that pose a significant safety risk to others. Members are expected to abide by the ASLIS Safeguards Policy during service.
- Be involved in supplantation, non-duplication and non-displacement at their program.
- Engage in any AmeriCorps prohibited activities that include:
 - any activity involving attempting to influence legislation or an election or aid a partisan political organization;
 - helping or hindering union activity;
 - engaging in religious instruction;
 - conducting worship services;
 - providing instruction as part of a program that includes mandatory religious instruction or worship;
 - constructing or operating facilities devoted to religious instruction or worship;
 - maintaining facilities primarily or inherently devoted to religious instruction or worship;
 - engaging in any form of religious proselytization;
 - organizing or engaging in protests, petitions, boycotts, or strikes;
 - impairing existing contracts for services or collective bargaining agreements;
 - participating in, or endorsing, events or activities that are likely to include advocacy for or against political parties, political candidates, political platforms, proposed legislation, or elected officials;
 - providing a direct benefit to a for-profit entity, a labor union, a partisan political organization, a religious organization, or a non-profit that engages in lobbying.

B. The member is expected to, at all times while acting in an official capacity as an AmeriCorps member:

- Demonstrate mutual respect towards others.
- Follow directions.
- Direct concerns, problems, and suggestions to your campus supervisor or to AmeriCorps Student Leaders in Service Program Coordinator.

C. The member understands that the following acts also constitute a violation of the program's rules of conduct:

- Unauthorized tardiness.
- Unauthorized absences.
- Repeated use of inappropriate language (i.e. profanity) at a service site.

- Failure to wear appropriate clothing to service assignments.
- Stealing or lying.
- Falsifying timesheets.

D. Under the Drug-Free Workplace Act, you must immediately notify the Program Coordinator if you are convicted under any criminal drug statute. Your participation in the Program is conditioned upon compliance with this notice requirement and we will take action for violation of this. Members are also expected to abide by the ASLIS Drug Free Workplace Policy during all service hours and whenever conducting business or representing the organization.

E. In general, for violating the above stated rules, the program will do the following (except in cases where during the term of service the member has been charged with or convicted of a violent felony, possession, sale or distribution of a controlled substance):

- a. For the member's first offense, an appropriate program official will issue a verbal warning to the member.
- b. For the member's second offense, an appropriate program official will issue a written warning and reprimand the member.
- c. For the member's third offense, the member may be suspended for one day or more without compensation and will not receive credit for any service hours missed.
- d. For the fourth offense, the program may release the member for cause.

F. The member understands that he/she will be either suspended or released for cause in accordance with paragraph E of section V of this agreement for committing certain acts during the term of service including but not limited to being convicted or charged with a violent felony, possession, sale, or distribution of a controlled substance.

VI. RELEASE FROM TERMS OF SERVICE

A. The member may be released by the Program from the term of service in the following two ways:

- a. Suspension, as described in paragraphs E and F the above section; or,
- b. Termination.

B. The member understands that he/she may be released for the following two reasons:

- a. For cause, as explained in paragraph C of this section; or
- b. For compelling personal circumstances as defined in paragraph (D) of this section.

C. The program will release the member for cause for the following reasons:

- a. The member has dropped out of the program without obtaining a release for compelling personal circumstances from the appropriate program official;
- b. During the term of service the member has been convicted of a violent felony or the sale or distribution of a controlled substance;
- c. The member has committed a fourth offense in accordance with paragraph (E) of section V of this agreement;
 1. The member has engaged in any activity that may physically or emotionally damage other members of the program or people in the community.
 2. Unlawful manufacture, distribution, dispensation, possession or use of any controlled substance or illegal drugs during the term of service.
 3. Consuming alcoholic beverages during the performance of service activities.
 4. Being under the influence of alcohol or any illegal drugs during the performance of service activities.
 5. Failing to notify the program of any criminal arrest or conviction that occurs during the term of service, or;
 6. Any other serious breach that in the judgment of the director of the Program would undermine the effectiveness of the program.

D. The Program may release the member from the term of service for compelling personal circumstances if the member demonstrates that:

- a. The member has a disability or serious illness that makes completing the term impossible;
- b. There is a serious injury, illness, or death of a family member that makes completing the term unreasonably difficult or impossible for the member;
- c. The member has Military service obligations;
- d. The member has accepted an opportunity to make the transition from welfare to work; or

- e. Some other unforeseeable circumstance beyond the member's control makes it impossible or unreasonably difficult for the member to complete the term of service, such as a natural disaster, a strike, relocation of a spouse, or the non renewal or premature closing of a project or the program.

E. Compelling personal circumstances do not include leaving the Program:

- a. To enroll in school;
- b. To obtain employment, other than in moving from welfare to work; or
- c. Because of dissatisfaction with the program.

F. The Program may suspend the member's term of service for the following reasons:

- a. During the term the Member requests a suspension based on compelling personal circumstances, as described in paragraph (D) of this section. During the suspension from service, the member will not receive credit for service hours or benefits (as described in Section V). The member may resume his or her term of service once the circumstances supporting the suspension have been resolved. However, a suspension may last no more than two years from the date of suspension. If the member does not resume the term within the two year period, the member may request that the program exit the member and the member will be eligible for a partial education award based on the number of hours served in the term.
- b. During the term of service the member has been charged with a violent felony or the sale or distribution of a controlled substance. (If the member is found not guilty or the charge is dismissed, the member may resume his/her term of service. The member, however, will not receive back living allowances or credit for any service hours missed.)
- c. During the term of service the member has been convicted of a first offense of possession of a controlled substance. (If, however, the member demonstrates enrollment in an approved drug rehabilitation program, the member may resume the term of service. The member will not receive back living allowances or credit for any service hours missed.)

G. The Program may suspend the member's term of service for violating the rule of conduct provisions set forth in section V of this agreement.

H. If the program releases the member for cause or for compelling personal circumstances, the member will cease to receive the benefits described in paragraphs in section V.

I. If the program releases the member for cause the member will receive no portion of the education award. If, however, the program releases the member for compelling personal circumstances, the member will receive a prorated education award, provided the member has completed at least 15 percent of the hours needed to complete the term of service.

J. A release for cause encompasses any circumstances other than compelling personal circumstances that warrant an individual's release from completing a term of service. A participant who is released for cause may not receive any portion of the AmeriCorps education award or any other payment from the National Service Trust. An individual who is released for cause must disclose that fact in any subsequent applications to participate in an AmeriCorps program. Failure to do so disqualifies the individual for an education award, regardless of whether the individual completes a term of service.

VII. GRIEVANCE PROCEDURES

A. The member understands that the Program has a grievance procedure to resolve disputes concerning the member's suspension, dismissal, service evaluation or proposed service assignment.

B. The member understands that, as a participant of the program, he/she may file a grievance in accordance with the Program's grievance procedure.

AmeriCorps Student Leaders in Service Grievance Procedure:

In the event that informal efforts to resolve disputes are unsuccessful, AmeriCorps members, labor unions, and other interested individuals may seek resolution through the following grievance procedures.

These procedures are intended to apply to service-related issues, such as assignments, evaluations, suspensions, or release for cause, as well as issues related to non-selection of members, and displacement of employees, or duplication of activities by AmeriCorps.

If the grievance is regarding a proposed participant placement, the placement must not be made unless it is consistent with the resolution of the grievance.

ALTERNATIVE DISPUTE RESOLUTION (ADR)

ADR is available, but must be selected within 45 days of the underlying dispute. If an aggrieved party chooses ADR as a first option, a neutral party designated by the program will attempt to facilitate a mutually agreeable resolution. The neutral party must not have participated in any previous decisions concerning the issue in dispute. ADR is confidential, non-binding, and informal. No communications or proceedings of ADR may be referred to at the grievance hearing or arbitration stages. The neutral party may not participate in subsequent proceedings. If ADR is chosen by the aggrieved party, the deadlines for convening a hearing and of a hearing decision, 30 and 60 days respectively, are held in abeyance until the conclusion of ADR. At the initial session of ADR, the neutral party must provide written notice to the aggrieved party of his or her right to request a hearing. If matter is resolved, the terms of the resolution must be recorded in a written agreement, and the party must agree to forego filing any further grievance on the matter under consideration. If ADR does not resolve the matter within 30 calendar days, the neutral party must again notify the aggrieved party of his or her right to request a hearing. At any time, the aggrieved party may decline ADR and proceed directly to the hearing process.

GRIEVANCE HEARING

An aggrieved party may request a grievance hearing without participating in ADR or, if ADR is selected, if it fails to result in a mutually agreeable resolution. The aggrieved party should make a written request for a hearing to [the designated program supervisor or director]. A request for a hearing must be made within one year after the date of the alleged occurrence. At the time a request for a hearing is made, the program should make available to the aggrieved party information that it relied upon in its disciplinary decision.

The program will arrange for one or more pre-hearing conferences at a time mutually convenient to the parties. Pre-hearing conferences are not a substitute for a hearing. They are intended to facilitate a mutually agreeable resolution of the matter to make a hearing unnecessary or to narrow the issues to be decided at the hearing. The format of the pre-hearing conference may be flexible, involving meetings with one party at a time and/or with both parties together. Pre-hearing conferences are conducted by [program supervisor/director A]. The hearing will be conducted by [program supervisor/director B]. The person conducting the hearing may not have participated in any previous decisions concerning the issue in dispute.

A hearing must be held no later than 30 calendar days after the filing of the grievance, and a written decision must be made no later than 60 calendar days after filing.

BINDING ARBITRATION

An aggrieved party may request binding arbitration if a grievance hearing decision is adverse or if no decision is made within 60 days of the filing of the grievance. The arbitrator must be independent and selected by agreement of the parties. If the parties cannot agree on an arbitrator, the Corporation's Chief Executive Officer will appoint one within 15 calendar days after receiving a request from one of the parties. An arbitration proceeding will be held no later than 45 calendar days after the request for arbitration, or no later than 30 calendar days after the appointment of an arbitrator by the Corporation's CEO. An arbitration decision will be made no later than 30 calendar days after the commencement of the arbitration proceeding. The cost of arbitration will be divided evenly between the parties, unless the aggrieved party prevails, in which case the program will pay the total cost of the proceeding as well as the prevailing party's attorneys' fees.

XIII. AMENDMENTS TO THIS AGREEMENT

This agreement may be changed or revised only by written consent by both parties.

IX. AUTHORIZATION

The member and Program hereby acknowledge by their signatures that they have read, understand, and agree to all terms and conditions of this agreement. (If the member is under the age of 18 years old, the member’s parent or legal guardian must also sign.) By signing this contract, the member will also certify, under penalty of law, that s/he has a high school diploma or equivalency certificate or agrees to obtain on before using the education award.

Member MUST fill in one of the appropriate certifications below.

Degree Held	Mark Appropriate Certification	Institution and Location Where Degree Completed	Date of Completion
High School Diploma			
High School Equivalency Certificate			
Expect to complete High School Diploma or Equivalency Before Using Education Award			

AmeriCorps Member (print name)

AmeriCorps Member Signature/Date

Campus Supervisor (print name)

Campus Supervisor Signature/Date

AmeriCorps Student Leaders in Service
Program Director (print name)

Program Director Signature/Date

Parent/Legal Guardian
(if member is under the age of 18)

Date

AMERICORPS STUDENT LEADERS IN SERVICE
AMERICORPS MEMBER POSITION DESCRIPTION

Please complete the following (please print and use ink only):

My <i>primary</i> service activities this year include: (please check one)	
<input type="checkbox"/> Education	<input type="checkbox"/> Environment
<input type="checkbox"/> Public Safety	<input type="checkbox"/> Human Needs
<input type="checkbox"/> Community Strengthening	

AmeriCorps Student Leaders in Service member is **required** to select a primary service agency where he/she will serve through the 2010-2011 year.

I. Program Information

Organization:	
Supervisor:	
Title:	_____
Address:	_____

City:	_____
State:	MA Zip: _____
Phone:	_____
Fax:	_____
Email:	_____

II. Project Description

Please provide a description of your anticipated 2010-2011 service activities:

III. Training Required

Is training required for the student to be successful? Yes No

If yes, please explain how the AmeriCorps member will be properly trained: _____

Member Name (please print): _____

Member Signature: _____



AMERICORPS PLEDGE

I will get things done for America – to make our people safer, smarter and healthier.

I will bring Americans together to strengthen our communities.

Faced with apathy, I will take action.

Faced with conflict, I will seek common ground.

Faced with adversity, I will persevere.

I will carry this commitment with me this year and beyond.

I am an AmeriCorps member and I will get things done!

I have read and will abide by this pledge:

AmeriCorps Student Leaders in Service member signature

Date

AMERICORPS STUDENT LEADERS IN SERVICE MEMBER

ELIGIBILITY VERIFICATION FORM

Regarding proof of a member citizenship or lawful permanent resident status, program must ascertain and document the citizenship status of members, a record of which must be kept in the member's file. Any **one** of the below documents is adequate verification of eligibility.

<i>Proof of Eligibility</i>	
	Birth Certificate from one of the 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, or the Northern Mariana Islands
	Valid U.S. Passport issued to the individual as a U.S. citizen
	U.S. Dept. of State Form FS-240, Report of Birth Abroad of a Citizen of the United States
	U.S. Dept. of State Form FS-545, Certificate of Birth-Foreign Service
	U.S. Dept. of State Form DS-1350, Certificate of Report of Birth
	INS certificate of naturalization (INS Form N-550 or N-570)
	INS certificate of citizenship (INS Form N-560 or N-561)
	Permanent Resident Card (INS Form I-551)
	Alien Registration Receipt Card (INS Form I-551)
	A passport indicating that the INS has approved it as a temporary evidence of lawful admission for permanent residence
	A Departure Record (INS Form I-94) indicating that the INS has approved it as a temporary evidence of lawful admission for permanent residence
	Other – If one of the above primary documentation is not available, the program must obtain written approval from the Corporation for National and Community Service that other documentation is sufficient to demonstrate the individual's status as a U.S. citizen, U.S. national, or lawful permanent resident

A COPY OF THE DOCUMENT USED AS PROOF OF ELIGIBILITY MUST BE STAPLED TO THIS PAGE OF THE ENROLLMENT WORKBOOK.

Please make sure the photocopy is clear and not too dark. Photocopies that cannot be read/viewed properly will be returned and asked to be re-submitted.

Site Agreement and Member Development Plan

Member Name: _____ Campus: _____ Slot (circle): 300 450 675 900
Service Site: _____ Site Address: _____

Direct Service: Describe your service to your community and the training that will be provided by your site
Begin description with an action word (ex. Mentoring . . . , Planting . . . , etc). or attach a position description)

Member Development Plan: Please provide 2 service-related and/or professional goals you will pursue during your term of service and describe how your member development goal can help your community now or in the future:

1 –

2 –

Member Signature: _____ **Date:** _____

(For Service Site Supervisors to fill out)

As the site supervisor for the above member during his/her AmeriCorps term of service, by signing below I agree to the following:

- to provide adequate training for member to perform direct service as detailed in their site agreement above.
- to monitor the member's timely completion of required program paperwork including this site agreement and membership development/training plan, a criminal record check verification form (if needed), and timesheets.
- to monitor member's compliance with AmeriCorps provisions regarding prohibited activities.

Please check (required of site supervisor):

Yes or No Will your organization be conducting a criminal background check on the member? (If yes, please include a fully completed Criminal Record Check Verification Form [NOTE: AmeriCorps members cannot be charged for a Criminal Record Check per CNCS policy])

(1) Site Supervisor: _____ **Title:** _____

Phone #: _____ **Email:** _____

Site Supervisor signature: _____ **Date:** _____

(2) Back-up Supervisor (optional): _____ **Title:** _____

NOTE: If member needs more room for member development goals or description of service, please use back of sheet or attach a separate sheet.

AmeriCorps Student Leaders in Service Criminal Record Check Verification Form

The ASLIS Program requires all members to complete a background criminal record check in order to participate in the program. **If the service site requires that a background check be completed, the service site supervisor must fill out the information in the box below and the Campus Coordinator must verify.** If the institution conducts background criminal record checks on all members, then the Campus Coordinator may fill out the box below. If the site and institution do **not** conduct a criminal record check, the member **must** complete the *MACC CORI Request Form* and the ASLIS Program Coordinator will conduct a check.

(Service Site Supervisor is required to fill out this form completely)

- Applicant's identity was verified by examining a government-issued photo identification card

This form is to verify that _____ submitted and
member name

successfully completed a Criminal Offense Record (CORI) on _____ to
date completed

serve as an AmeriCorps member and a Students Leaders in Service (ASLIS) participant at the service site listed below. By signing the this form you acknowledge that findings from the criminal background check were taken into consideration for the member's placement. The ASLIS program coordinator will be notified immediately of any criminal record information. Please note that a murder conviction or identification on the National Sex Public Offender Registry are cause for immediate disqualification.

A physical copy of the Criminal Record Check is stored in the following area:

_____ and can be retrieved and reviewed at any time.

Service Site Supervisor signature: _____

Date: _____

Service/Volunteer Site: _____

Campus Supervisor Signature _____ Date _____

AmeriCorps Student Leaders in Service Verification Form for Temporary Supervision

In accordance with the ASLIS Criminal History Check Policy, **any member whom the results of a State criminal registry check are pending may serve temporarily at a service site with vulnerable populations (children, persons age 60 and older, or individuals with disabilities) until cleared if accompanied by an authorized program representative who has previously been cleared for such access.**

Please have the authorized program representative and campus supervisor complete the following information and submit it to the ASLIS Program Coordinator before service hours are counted.

This form is to verify that I will supervise _____

member name

while working with vulnerable populations at my service site until pending Criminal Offense Record (CORI) results have cleared the member for service. By signing this form you certify that you have passed your own state criminal background check and acknowledge that the member's ability to serve at your location and enter the ASLIS Program are contingent on any findings from the criminal background check. Please note that a murder conviction or identification on the National Sex Public Offender Registry are cause for the member's immediate disqualification.

Service/Volunteer Site: _____

Authorized Program Representative (print name): _____

Authorized Program Representative Signature: _____

Date: _____

Campus Supervisor Signature: _____

Date: _____

**AMERICORPS STUDENT LEADERS IN SERVICE
PRE-ENROLLMENT SURVEY**

Name: _____

College/University: _____

Date: _____

1. The orientation session and materials were informative in preparation for service and my AmeriCorps term.

Strongly Agree Agree Uncertain Disagree Strongly Disagree

2. The orientation materials clearly described national service and AmeriCorps.

Strongly Agree Agree Uncertain Disagree Strongly Disagree

3. Do you have any recommendations for next year's orientation sessions?

- No
- Yes (please specify)

4. I understand my role as a citizen.

Strongly Agree Agree Uncertain Disagree Strongly Disagree

5. I understand the needs facing my community.

Strongly Agree Agree Uncertain Disagree Strongly Disagree

6. I plan to serve within my community after graduation.

Strongly Agree Agree Uncertain Disagree Strongly Disagree

7. I have a strong sense of my own ability to create positive community change.

Strongly Agree Agree Uncertain Disagree Strongly Disagree

8. I am interested in serving in a full-time AmeriCorps or other post-graduate service program after graduation.

Strongly Agree Agree Uncertain Disagree Strongly Disagree

9. Please indicate how confident you feel about your skills to be successful in your post-college career.

Very Confident Confident Uncertain Not Confident

Member Name (print): _____

AmeriCorps Student Leaders in Service Drug Awareness Quiz

The AmeriCorps Student Leaders in Service Program is committed to protecting the safety, health and wellbeing of all members and other individuals in community-based sites. A safe and productive drug-free workplace is achieved through cooperation and knowledge. More than 70 percent of substance abusers hold jobs and one worker in four, ages 18 to 34, used drugs in the past year (American Council for Drug Intervention). It is important to be educated on drugs, their effects and occurrences, and ways to get help.

In compliance with our Drug Free Workplace Policy and AmeriCorps Policy, all members are required to take this Drug Awareness Quiz *prior* to enrollment in the Student Leaders in Service Program.

Please read each question carefully and then print the letter of the correct answer next to the question.

- 1.) _____ Of adult tobacco users, what percent report using tobacco regularly before age 18?
 - a. 20%
 - b. 40%
 - c. 60%
 - d. 80%

- 2.) _____ The effects of marijuana include:
 - a. Disorientation
 - b. Altered time and space perceptions
 - c. Impaired motor coordination
 - d. All of the above

- 3.) _____ Marijuana is a gateway drug, with those who use marijuana being more likely to go on to use other drugs.
 - a. True
 - b. False

- 4.) _____ Binge drinking is defined as:
 - a. Drinking until you blackout and cannot remember
 - b. Drinking to the point of passing out
 - c. Drinking five or more drinks at one time
 - d. Drinking five or more days in a row

- 5.) _____ What percentage of teenagers are binge drinkers?
 - a. 5%
 - b. 15%
 - c. 25%
 - d. 50%

- 6.) _____ Increased heart rate, convulsions, paranoia and damaged nasal tissue are a few of the effects of using:
 - a. Marijuana
 - b. Cocaine
 - c. Heroin
 - d. Amphetamines

- 7.) _____ Is cocaine still a problem in America?
a. Yes
b. No
- 8.) _____ The most commonly abused drug in the United States is:
a. Marijuana
b. Alcohol
c. Cocaine
d. Heroin
- 9.) _____ More people die each year in the U.S. as a result of:
a. Alcohol
b. Tobacco
c. Heroin
d. Cocaine
- 10.) _____ The majority of inhalant users are:
a. Men
b. Children
c. Women
d. The elderly
- 11.) _____ Marijuana is much stronger today than it was 10 years ago.
a. True
b. False
- 12.) _____ Marijuana can stay in the body up to:
a. 3 days
b. One week
c. One month
d. 3 months
- 13.) _____ The chemical in marijuana that causes the high is:
a. Nicotine
b. THC
c. MDMA
- 14.) _____ PCP is also known as:
a. Acid
b. Smack
c. Angel dust
d. Ludes
- 15.) _____ Physical dependence can involve painful withdrawal symptoms when the drug is no longer being used.
a. True
b. False

Member Signature

Date

Answer Key

Statistics from the American Council for Drug Education

1. **d. 80%**

80% of adult tobacco users report using tobacco regularly before age 18. Since addiction can occur after smoking only 100 cigarettes and the ingredients in cigarette smoke affects development, it is important to not smoke while you are still young.

2. **d. all of the above**

Marijuana causes all of the above effects. This is why it is extremely dangerous to drive under the influence of marijuana.

3. **True**

Of those who use marijuana 3 to 10 times, 20% go on to use cocaine. Of those who use marijuana 100 times or more, 75% go on to use cocaine.

4. **c. drinking five or more drinks at one time**

Binge drinking is consumption of five or more drinks on a single occasion. This is the amount of alcohol needed to raise the average person's blood alcohol concentration about 0.1%.

5. **b. 15%**

About 15% of teens are binge drinkers in any given month. In addition, almost one out of every five teenagers, or 16 percent, has experienced black out spells where they could not remember what happened the previous evening because of heavy drinking.

6. **b. cocaine**

7. **a. Yes**

While cocaine use has decreased since its height in the mid-1980's, there have been nearly 2 million cocaine users every year since 1992.

8. **b. alcohol**

9. **b. tobacco**

Every eight seconds someone in the world dies from a tobacco related illness/disease. Smoking is the #1 preventable cause of premature death in the United States.

10. **b. children**

Between 2004 and 2006, an estimated 218,000 youths aged 12-17 used inhalants and also experienced depression in the past year.

11. **a. True**

12. **c. one month**

13. **b. THC**

Tetrahydrocannabinol is the main [psychoactive substance](#) found in the [Cannabis](#) plant.

14. **c. angel dust**

Phencyclidine is a [dissociative drug](#) exhibiting [hallucinogenic](#) and [neurotoxic](#) effects. Although the primary psychoactive effects of the drug last only hours, total elimination from the body is prolonged, typically extending over at least 8 days.

15. **a. True**