

# 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.