

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 provide or have appropriate liability insurance covering member while they serve at your site.
- 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])

Yes My organization provides general liability coverage or similar insurance for volunteers (including AmeriCorps member) 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 ALSIS member serve at your site.)

(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.