

MEMBER AGREEMENT AUTHORIZATION AND CERTIFICATION

NOTE: Before signing this authorization and certification, please make sure to review and understand the “Member Agreement” located at www.studentsinservice.org. If you have questions, please contact your SIS coordinator.

Authorization

Member Name: _____ Grant year: 10-11

The member is currently enrolled at College/University: _____

The member commits to the following Term of Service (circle one): 300 450 900

Civil Rights Policy

The Corporation for National and Community Service (CNCS) is committed to treating all persons with dignity and respect, without regard to non-merit factors such as race, color, national origin, gender, sexual orientation, religion, age, disability, political affiliation, marital or parental status, or military service; and free of sexual, racial, national origin, religious or other harassment. Whether in CNCS offices or campuses, in other service-related settings such as training sessions or service sites, or at service-related social events, such harassment is unacceptable and will not be tolerated. (CNCS Civil Rights Policy, Paragraph 1)

For further information about the CNCS Civil Rights Policy, please review the Civil Rights Policy link on the Students in Service web site home page.

Drug-Free Workplace Policy

In accordance with the Drug-Free Workplace Act of 1988, the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance (including alcohol) is prohibited in the member's workplace and program. Conviction of any criminal drug statute must be reported immediately to SIS staff. The member's participation in the Students in Service program is conditioned upon compliance with the notice requirements. Failure to adhere to this policy may result in disciplinary action, including termination.

Certification

By signing below, the member hereby acknowledges by his/her signature that s/he has read, understands, and agrees to all terms and conditions of the Member Agreement including the Assumption of Risk and Release of Liability and has read and understands the above Civil Rights Policy and Drug-Free Workplace Policy. (If member is under 18 years of age, the members parent or parent must also sign.)

Also, by signing below, the member acknowledges that they participated in an in-person orientation about the *Students in Service* program with a campus SIS coordinator before beginning the *Students in Service* program.

AmeriCorps member: _____
Signature Print name Date

Parent/Legal Guardian: _____
Signature Print name Date

SIS Campus Coordinator/Official: _____
Signature Date

Publicity Information Release

I give Campus Compact and the Students in Service program permission to use my program information (e.g., “Great Stories”, innovative programs, name/photograph associated with program information, etc.) for publicity and/or marketing purposes. Initial if in agreement: _____.

[Please read, sign, and make a copy for your file]