

Position Description/Site Agreement (Page 1 of 5)

Part I: Position Description (Completed by: SIS AmeriCorps Member)

Member Name: _____ Campus: _____

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

1. SIS Program Concentration Areas: (You must check at least one and all that apply) (For more information go to <http://www.studentsinservice.org/allowablesisactivities.shtml>)

- | | |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Strengthening Community-Based Organizations Capacity | <input type="checkbox"/> Education/Improving College Access and Success |
| <input type="checkbox"/> Engaging Veterans | <input type="checkbox"/> Mobilizing Volunteers |

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

- | | |
|------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Disadvantaged/At risk youth | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Senior Citizens | <input type="checkbox"/> K-12 Schools |
| <input type="checkbox"/> Homeless Population | <input type="checkbox"/> Low Income individuals |
| <input type="checkbox"/> Veterans | <input type="checkbox"/> Individuals with disabilities |
| <input type="checkbox"/> Immigrants/Refugees | <input type="checkbox"/> 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.



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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 be accompanied at all times 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 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: _____



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Part II: Acknowledgement of Prohibited Activities

(Signed by SIS AmeriCorps Member and Site Supervisor)

As detailed in the 2011 AmeriCorps Grant Provisions, while charging time to the AmeriCorps program, accumulating service or training hours, or otherwise performing activities supported by the AmeriCorps program or the Corporation, staff and members may not engage in the following activities (see 45 CFR § 2520.65):

- a. Attempting to influence legislation;
- b. Organizing or engaging in protests, petitions, boycotts, or strikes;
- c. Assisting, promoting, or deterring union organizing;
- d. Impairing existing contracts for services or collective bargaining agreements;
- e. Engaging in partisan political activities, or other activities designed to influence the outcome of an election to any public office;
- f. Participating in, or endorsing, events or activities that are likely to include advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials;
- g. 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, or engaging in any form of religious proselytization;
- h. Providing a direct benefit to any—
 - i. business organized for profit;
 - ii. labor union;
 - iii. partisan political organization;
 - iv. nonprofit organization that fails to comply with the restrictions contained in section 501(c)(3) of the Internal Revenue Code of 1986 except that nothing in this section shall be construed to prevent participants from engaging in advocacy activities undertaken at their own initiative; and
 - v. organization engaged in the religious activities, unless Corporation assistance is not used to support those religious activities;
- i. Conducting a voter registration drive or using Corporation funds to conduct a voter registration drive;
- j. Providing abortion services or referrals for receipt of such services; and
- k. Assisting any organization that has violated a Federal criminal statute.
- l. Performing any services or duties, or engaging in any activities, prohibited under the nonduplication, nondisplacement, or non-supplantation requirements relating to employees and volunteers.
- m. Such other activities as the Corporation may prohibit.
- n. participating in activities that pose a significant safety risk to participants; and
- o. fundraising including : for living allowance or other costs of the AmeriCorps program or an organization's operating expenses or endowment; writing grant applications for AmeriCorps funding or for any other funding provided by the Corporation for National & Community Service; or writing grant applications for funding provided by any other federal agencies.

AmeriCorps members may not engage in the above activities directly or indirectly by recruiting, training, or managing others for the primary purpose of engaging in one of the activities listed above.

By signing below you certify that:

I have read and understand the above List of Prohibited Activities and my service with the SIS AmeriCorps program will not include any Prohibited Activities.

Member Signature: _____

Date: _____

Site Supervisor Signature: _____

Date: _____



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Part III: Site Agreement (Completed by: Site Supervisor)

Supervisor Contact Information:

Primary Site Supervisor: _____
Print Name Title

Email Address: _____ Phone Number: _____

Secondary Site Supervisor: _____
Print Name Title

Email Address: _____ Phone Number: _____

Service Site Information:

Organization/Agency Name: _____

Address: _____ City: _____ State: _____ 9-Digit Zip Code: -

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

The primary mission of your organization is:

Recurring Access and FBI Fingerprint Check information (please check the appropriate box):

Yes 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 No Have you or an academic department ordered an FBI Fingerprint Check for the SIS AmeriCorps member?

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) without being accompanied at all times 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 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 in Part II—Acknowledgment of Prohibited Activities provided by AmeriCorps
- **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 or other criteria detailed on the SIS website.

Primary Site Supervisor: _____
Signature Date

Secondary Site Supervisor: _____
Signature Date



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Part IV: SIS Campus Coordinator Checklist and Certification (Completed by SIS Campus Coordinator)

Review of Part I: Position Description

- The full name of service site (no acronyms) is written
- At least one Program Concentration Area is selected
- At least one beneficiary of his/her service is selected
- At least one unmet community need is selected
- Specific details and examples of direct service activities do not include any Prohibited Activities
- Two specific positive impacts of SIS AmeriCorps member's service are provided
- At least one value added service is selected

Review of Member Development Plan

- Specific details and examples of member development do not include any Prohibited Activities
- SIS AmeriCorps member signed and dated Position Description

Review of Part II: Acknowledgement of Prohibited Activities

- SIS AmeriCorps member signed and dated list of Prohibited Activities
- Site Supervisor for SIS AmeriCorps Member signed and dated list of prohibited activities

Review of Site Agreement

- All Site Supervisor contact information is provided
- All Service Site information, including nine-digit zip code is provided
- Site Supervisor checked Recurring Access and FBI Fingerprint Check information boxes
- Site Supervisor signed and dated the Site Agreement

As the SIS Campus Coordinator, I have reviewed the Position Description/Site Agreement and certify that the SIS AmeriCorps Member and Site Supervisor have satisfactorily completed the form. 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: _____

