

Program Manual

AmeriCorps



STEVENSON CENTER

FOR COMMUNITY AND
ECONOMIC DEVELOPMENT

Illinois State University

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Foreword

This program manual applies to AmeriCorps members recruited and appointed through the Stevenson Center for Community and Economic Development at Illinois State University. The terms AmeriCorps “member” and “participant” are used interchangeably. See www.americorps.gov for general information about AmeriCorps.

NOTE: The Stevenson Center may amend this manual at any time. The most recent version is posted at <http://stevensoncenter.org/aced/forms/>.

Stevenson Center for Community and Economic Development

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The Center, which includes the Vernon C. and Elsie D. Pohlmann Resource and Conference Room, is located in the suite of offices accessed through room 435A on the 4th floor and north end of Stevenson Hall.



In the Spirit of Adlai E. Stevenson II

Named for the Illinois Governor, Presidential candidate, and United Nations Ambassador, the Stevenson Center strives to embody Adlai E. Stevenson II's spirit of public service.

Introduction

The purpose of this AmeriCorps program manual is to outline the benefits and obligations of this program, to clarify procedures, and to identify the persons responsible for administering these policies.

Western Illinois University receives funding from the Corporation for National and Community Service through the AmeriCorps State Program, which is administered by the Illinois Commission on Volunteerism and Community Service (Illinois Department of Public Health). Since 2005, Illinois State University's Stevenson Center for Community and Economic Development has acted cooperatively with Western Illinois University to provide AmeriCorps member status to select Illinois State University graduate students working in Illinois communities. Illinois State University operates its AmeriCorps Program in compliance with a Subrecipient Agreement with Western Illinois University.

Each year, AmeriCorps Program priorities may change. Current performance measures include:

- Volunteer Recruitment and Management
- Capacity Building and Leverage
- Disaster Preparedness

The member contract is incorporated into this manual and contains critical information regarding such important topics as benefits of membership, the code of conduct, and allowable and prohibited activities. That information is not repeated in this program manual. A sample member contract is provided in the appendices.

Background Information

The Stevenson Center administers this AmeriCorps Program along with the Peace Corps Fellows Program, Applied Community and Economic Development Fellows Program, the Peace Corps Master's International Program, and faculty/staff applied research/service projects in community and economic development.

Stevenson Center Mission Statement

The Stevenson Center at Illinois State University promotes community and economic development in the U.S. and abroad. The Center sets the pace for public service and scholarship through a unique combination of coursework, research, professional practice, and collaboration with communities.

Stevenson Center Goals

- A Stevenson Center student will acquire theoretical and applied knowledge of community and economic development, as well as the tools for continued research and practical application leading to positive and lasting change.
- The Stevenson Center fosters mutually beneficial relationships with various local, national, and international entities to further their community and economic development efforts.
- The Stevenson Center continuously seeks, assesses, and embraces opportunities to serve students, communities, faculty, and Illinois State University.
- The Stevenson Center, with the support of Illinois State University, actively seeks and commits personnel and resources for the implementation of its programs.

Stevenson Center Staff Roles

- **Director:** The Stevenson Center director's duties include planning and directing community-economic development research. The director submits external grant proposals; oversees the Stevenson Center core

curriculum and coordination of classes; develops, in consultation with the Stevenson Center board, an annual financial planning document; creates and implements Center policies in consultation with the board; and serves as chair of the Stevenson Center board. *The director is fiscal agent for the AmeriCorps Subrecipient Agreement with Western Illinois University.*

- **Associate Director and Program Coordinator:** The Stevenson Center associate director's and program coordinator's duties can be divided into seven inter-related areas: 1) recruitment of students, 2) aid to the affiliated graduate coordinators and students with respect to student admission and student progress in meeting program criteria, 3) placement, mentorship, and evaluation of students in off-campus assistantship and internship positions, 4) management of relations between our students and other stakeholders (assistantship sites and internship sites), 5) maintenance of relations with Peace Corps and relevant offices on campus, 6) data management and evaluation, and 7) grant writing, fundraising, and aid to the director in other tasks for Center operations. The associate director and program coordinator work closely on these tasks. *Both recruit and appoint AmeriCorps members. The program coordinator works closely with the AmeriCorps members on day-to-day tasks and reporting, while the associate director manages the overall program (e.g., coordination with relevant university offices, communication with Western Illinois University regarding progress and compliance).*
- **Staff Clerk:** The Stevenson Center staff clerk performs a variety of support tasks relating to management of student (current, former, and prospective), host organization, and other files; bookkeeping; publications and website maintenance; telephone reception; duplicating and correspondence; and other duties as needed. *The staff clerk tracks accounts, helps to maintain member files, and assists with program reporting.*

AmeriCorps Eligibility and Application

See the member contract in the appendices or your member contract regarding eligibility. Furthermore, to be eligible to apply for this AmeriCorps Program, you must be a graduate assistant affiliated with the Stevenson Center for Community and Economic Development or with Leadership and Community Connections (or other unit designated by the Stevenson Center).

To maintain eligibility, a member must be a registered graduate student at Illinois State University and have a cumulative grade point average of at least 3.0.

In May or June of each year, Western Illinois University will communicate to the Stevenson Center how many AmeriCorps members may begin service in August. The Stevenson Center will notify eligible graduate assistants by e-mail that they may complete an online application for this AmeriCorps Program. **If chosen, a student must give up her/his graduate assistantship to be an AmeriCorps member.** She/he will need to respond by e-mail in a timely fashion to an AmeriCorps offer. In addition all forms referred to in the application certification and the member contract must be completed and submitted in order to be eligible to serve. See the sample application certification in the appendices.

Tuition Fellowship

The AmeriCorps participant position comes with a full tuition fellowship during the contract period, and if a fall or spring appointment it also includes a tuition fellowship for up to 12 credit hours for the following summer session (if you have not yet graduated from your degree program). AmeriCorps participant benefits are subject to taxation as provided by the Internal Revenue Service (IRS). As such, IRS Code requires educational assistance to any graduate student (**excluding those in teaching or research positions**) in excess of \$5,250 annually be added to the employee's taxable wages. Educational assistance in excess of the excludable amount (\$5,250) is subject to Federal, State, Social Security, and Medicare taxes. Both the amount of taxable income associated with the waiver and the taxes that are withheld with respect to such income are reported annually on Form W-2.

AmeriCorps members are responsible for payment of all student fees owed to the University. Fees other than health insurance are assessed at a per semester hour rate through the first 16 hours.

Health Insurance

All AmeriCorps members must have adequate health/accident insurance coverage in force during the entire period of service. The member must complete a Professional Practice Health Insurance Certification form. Coverage must be either privately procured or obtained through the University's student health insurance plan. All students registered for 9 or more credit hours by the 15th day fall/spring (6 or more credit hours by the 8th day of summer session) will automatically be assessed for, and be included in, the University's student health insurance plan. Students with early or late start dates can purchase insurance by paying the fee to the Student Insurance Office within 15 days of the start date.

AmeriCorps members registering for less than 9 credit hours in fall or spring or 6 credit hours in summer will not have the insurance fee automatically assessed. Those members must contact the Student Insurance Office before the 15th calendar day of each semester and the 8th calendar day of the summer session to pay premiums.

Student health and accident insurance information can be found through the Student Insurance Office: <http://healthservices.illinoisstate.edu/insurance/> (Student Services Building 230 or 309-438-2515).

AmeriCorps members who meet all criteria below will receive an additional payment from the University for the amount of that semester's student insurance charge minus applicable taxes.

- appointed for a 900-hour or 1700-hour AmeriCorps position during the fall and/or spring semesters
- paid at least \$850/month
- purchased Illinois State University Student Insurance during the semester/s of their service

Please note that this reimbursement is provided only during service in fall and spring. Unlike the tuition fellowship, the insurance reimbursement does not carry over into the following summer.

Orientation and Enrollment

The Stevenson Center associate director or program coordinator conducts a mandatory orientation session with AmeriCorps members and their host site supervisors to provide critical information, answer questions, and complete required paperwork. New members also create an account at <https://my.americorps.gov/mp/login.do>.

Sites

Host sites must be within the state of Illinois (or Iowa, if allowed by the Serve Illinois Commission). The service opportunities provided by these organizations must fit with AmeriCorps priorities, and site supervisors must sign a host site agreement. Sites are typically nonprofit organizations in places such as Chicago, Peoria, or Bloomington-Normal, or they are relevant units on campus such as Leadership and Community Connections or the Stevenson Center.

Members work with their supervisors in the first month to create a work plan; see sample work plan guidelines and the allowable activities information in the appendices. Once the plan is finalized and signed, the member submits a hard copy to the Stevenson Center. Supervisors and members submit the member performance evaluation (see appendices) twice during the term of service. The program coordinator or associate director conduct a site visit and are available by phone or e-mail to assist members and supervisors.

Reports

After being trained at the orientation session, members submit a hard, signed copy and an electronic copy of a monthly progress report (see sample report format in the appendices).

Over the term of service, members submit by e-mail two “great stories” or “success stories,” each 500 words or less. Members also submit a final report on their service, in response to guidelines sent to them about a month before exiting.

Exit Process

Exiting successfully requires meeting all member contract terms. (See the sample member contract in the appendices.)

Not meeting the criteria below may result in termination by the University on behalf of its Stevenson Center from this AmeriCorps Program. For any other termination or release for personal reasons, please see your member contract.

1. Failure to maintain an overall graduate GPA of 3.0 while an AmeriCorps member.
2. Failure to enroll in 9-12 credit hours of course work for each semester while an AmeriCorps member in the spring and fall unless an exception to academic load has been approved.
3. Failure to make satisfactory progress towards degree completion in a timely fashion: e.g., master’s students must complete a degree within a two- to three-year period.
4. Being in default of a student loan which has not been cleared within 6 months of having signed an AmeriCorps appointment notification.
5. Failure to meet the performance criteria expected by the host organization.
6. Failure to uphold graduate school, unit/department, and/or university policies, including policies on academic integrity in the graduate student’s own academic work.

For termination under any of the Items No. 1-4 above, the Stevenson Center or Leadership and Community Connections may terminate AmeriCorps participation.

For termination under Items No. 5-6, the termination is processed through the Labor and Employee Relations section of Human Resources. AmeriCorps participants are afforded due process if the termination is related to items 5 and 6 above. Due process requires that the student be informed of the reasons for the proposed termination and be provided an opportunity to respond before the termination is finalized. Units considering termination of an AmeriCorps participant for reasons 5 or 6 should begin by contacting Labor and Employee Relations staff in Human Resources. A member of the Labor and Employee Relations staff will advise and assist the unit in:

1. Framing a notification to the AmeriCorps participant, outlining the reasons for the potential termination and informing the AmeriCorps participant of the means and deadline for any response.
2. Reviewing the AmeriCorps participant’s response (if any) and reaching a decision.
3. Notifying the AmeriCorps participant of the outcome.

Anti-Harassment & Non-Discrimination Policy

Illinois State University fosters a campus environment that recognizes individual and cultural differences and is strongly committed to the ethical and legal principle that each member of the University community enjoys the constitutional right to free speech. The right of free expression and the open exchange of ideas stimulates debate, promotes creativity, and is essential to a rich learning environment.

As members of the University community, students, faculty, administrators and staff have a responsibility to respect others and to show tolerance for opinions that differ from their own. The value of free expression, however, may be

undermined by certain acts of harassment and/or discrimination that may result in the deterioration of a quality learning, social, or work environment and therefore cannot be tolerated.

Any act of harassment and/or discrimination based on race, color, religion, gender, national origin, sexual orientation, order of protection, gender identity and expression, ancestry, age, marital status, disability, genetic information, unfavorable military discharge, or status as a veteran is a violation of this policy and the law and will not be tolerated.



Application Certification

The application materials listed below must be submitted to Illinois State University in order to be considered for acceptance into the program and to serve as an AmeriCorps Member. Prior to becoming an AmeriCorps Member, you must also provide documentation of citizenship/naturalization/resident alien status and proof of age.

- Graduate School Application (<http://admissions.illinoisstate.edu/graduate/>).
- One official transcript sent to the Illinois State University Graduate Admissions Office directly from all previously attended colleges and universities.

I give permission for the AmeriCorps Program and Illinois State University to initiate the required criminal background (state and Federal Bureau of Investigation), National Sex Offender Registry, and Illinois Department of Children and Family Services Child Abuse and Neglect Tracking System checks. I understand that I will be provided a copy of this check and a copy will also be kept in my AmeriCorps file. I must satisfactorily pass these checks in order to enter the Program. If circumstances are warranted that another check should be done within the program year, I must also pass that check to remain in the program. Failure to pass that check is grounds to be terminated for cause. The determination of "satisfactory" is at the sole discretion of the AmeriCorps Program.

*I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge, and are made in good faith. I understand that misinformation or omission of information could result in disqualification and/or termination as an AmeriCorps member. I also understand that my selection for participation in some AmeriCorps programs, including AmeriCorps*NCCC, will require a physical examination, including drug and alcohol testing. Background and security checks may also be conducted by some programs.*

PRIVACY ACT NOTICE: The Privacy Act of 1974 (5 U.S.C § 552a) requires that the following notice be provided to you: The authority for collecting information from you in this application is contained in 42 U.S.C 12592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C 4953 of the Domestic Volunteer Service Act of 1973 as amended. You are advised that submission of the information is entirely voluntary, but the requested information is required in order for you to participate in AmeriCorps programs.

The principal purpose for requesting this personal information is to process your application for acceptance into an AmeriCorps program, and for other general routine purposes associated with your participation in an AmeriCorps program. These routine purposes may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests, to present and former employers, references provided by you in your application, and educational institutions, for the purpose of verifying the information provided by you in your application. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information will not otherwise be disclosed to entities outside of AmeriCorps and the Corporation for National and Community Service without your prior written permission.

Your application must be certified with your original signature in ink.

Signature

Printed Name

Address

Address

Date



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. 3. Please complete and sign Part 1 and Part 2.
2. Print clearly. 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** U.S. Citizen U. S. National Lawful Permanent Resident Alien of the United States

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

E-Mail 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

E-Mail Address

Home Phone Business Phone Ext

Member's Signature _____ **Date:** _____

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.

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.)**
 Read about it in an article
 Saw an advertisement in a newspaper/magazine
 Guidance counselor/teacher
 Parent/relative
 Current or former AmeriCorps Member
 Friend told me/friend applied
 Heard about it on TV commercial
 Heard about it on radio commercial
 Heard about it on the internet
 Heard about it from an AmeriCorps recruiter/representative
 Received information in the mail
 AmeriCorps Program
 Poster
 Other (Specify: _____)
10. **Have you ever previously enrolled in an AmeriCorps program?** Yes No
If so, how many times: _____
11. **Have you ever been released 'for cause' from a term of service by this or any other AmeriCorps program?**
 Yes No

Member's Signature _____

Date _____

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.

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. Except as indicated here, information will not 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.



MEMBER SERVICE AGREEMENT 2014-15

I. PURPOSE

The purpose of this Member Service Agreement (MSA) is to delineate the terms, conditions, and rules of membership regarding the participation of **Member Name** (hereafter called the "Member") in the Board of Trustees of Illinois State University on behalf of its Stevenson Center AmeriCorps Program (hereafter called the "Program").

The Member understands that by participating in the Program, the Member does not become an employee of the Program or **HOST ORGANIZATION**. Any benefits received by the Member or allowances paid to the Member are paid and provided only by and to the extent of the terms of a grant provided through the Corporation for National and Community Service.

II. MINIMUM QUALIFICATIONS

The Member certifies that he/she:

- Is a citizen of the United States, a United States national, or a legal permanent resident of the United States,
- Is at least 17 years of age as of the first day of service – Date of Birth: **_____ / _____ / _____**,
- Has obtained a high school diploma or GED (or agrees to obtain a high school diploma or GED before using an Education Award).

The Member must satisfactorily pass the required criminal background checks before entering the Program. If circumstances are warranted that another check should be done within the program year, the Member must also pass that check to remain in the Program. Failure to pass that check is grounds to be terminated for cause.

III. TERMS OF SERVICE

A. The Member's term of service begins on **DATE and ends on DATE**. The Program and the Member may agree to extend this term of service, in writing, for the following reasons:

1. The Member's service has been suspended due to compelling personal circumstances.
2. The Member's service has been terminated, but a grievance procedure has resulted in reinstatement.

B. The Member will complete a **minimum** of:

- Full-time Member serving at least 1700 hours.
- Part-time Member serving at least 900 hours.
- Quarter-time Member serving at least 450 hours.
- Minimum-time Member serving at least 300 hours.

C. The Member must successfully complete the term of service hours as stated above to be eligible for the Education Award. In addition, the Member must satisfactorily complete pre-service training and appropriate education/training required by the Program.

D. To be eligible to serve a second term of service the Member must receive satisfactory performance reviews for any previous terms of service. The Member's eligibility for a second

term of service with this program will be based on a 12-week, mid-term and/or end-of-term evaluation of the Member's performance.

E. Eligibility for an additional term of service does not guarantee selection or placement.

IV. POSITION DESCRIPTION

The Member shall perform service hours as described in their work plan (to be attached).

The Member's immediate host site supervisor is **Name**. The Member will also report to Beverly Beyer, AmeriCorps Program Director.

V. BENEFITS

The Member will receive the following benefits:

A. Living Allowance

- A living allowance totaling \$ [redacted] during the term of service for the Member's participation in AmeriCorps.
- The living allowance is taxable income.
- The living allowance will be disbursed by the Program
- The living allowance is not an hourly wage or a salary. The Member is **not** an employee of the Program.
- The Member must satisfactorily complete the hours as documented in weekly time sheets and weekly activity reports.
- The Member will receive the same prorated amount of living allowance for each period, regardless of the number of hours served during that period. The Member will receive the prorated monthly amount of \$ [redacted]. If on suspension in the Corporation for National and Community Services' AmeriCorps Portal, the Member will not be paid.
- If called for jury duty, the Member will continue to accrue normal service hours and receive the living allowance and health benefits.
- Members with military reservist responsibilities should attempt to fulfill their two-week annual active duty requirement when it will not disrupt their AmeriCorps service. If this is not possible, Members will receive AmeriCorps service hour credit during their two-weeks of active duty in the reserves. No AmeriCorps service credit is earned for the once-a-month duty weekend service in the military reserves.

B. Health Care Insurance

The Program will provide health care insurance for full time Members (who are not currently covered by another healthcare provider) during their term of service (single coverage only, no family plan is available). The Member is responsible for co-payments and/or deductibles.

C. Child Care Allowance

A childcare allowance will be provided by Gap Solutions, Inc. directly to the member-identified provider, if the Member qualifies for the allowance. More information can be found at <https://www.americorpschildcare.com/>.

D. Educational Award

Upon successful completion of the Member's term of service, the Member will receive an Education Award from the National Service Trust in the amount of (effective October 1, 2013 to September 30, 2014):

- ___ \$5,645
- ___ \$2,822
- ___ \$2,150
- ___ \$1,493
- ___ \$1,195

The Education Award can be used toward:

- The cost of attending a Title IV institution of higher education.
- The balance on an existing federally insured student loan.
- The cost of attending a qualified vocational school.

- The cost of participating in an approved school-to-work program.

The Member must use the Education Award within seven years of the completion of the AmeriCorps service. The Member may apply to the National Service Trust for an extension if, during the seven-year period, the Member performs another term of service of an approved AmeriCorps position or was unavoidably prevented from using the award.

- Education Awards are subject to income taxes in the year in which they are used.
- The Member understands that his/her failure to disclose to the program any history of having been released for cause from another AmeriCorps program will render him/her ineligible to receive the education award.
- The Education Award is transferable under the following conditions:
 1. The Member must have been at least 55 years of age in an AmeriCorps State or National Program when he or she began the term of service
 2. The recipient of the award has to be the transferring individual's child, stepchild, foster child, grandchild, or step-grandchild.
- Prior to using the Education Award, the Member must (if he/she has not already done so) obtain a high school diploma or its equivalent. This requirement may be waived if the Member is enrolled in an institution of higher education on an ability to benefit basis or if the program waives the requirement due to the result of the Member's education assessment.
- The Member may be eligible for a prorated Education Award if the Member is released due to compelling personal circumstances and has completed at least 15% of their total hours of service. If the Member is released without a compelling reason, the Member will receive no portion of the Education Award.
- A Member may only earn an equivalent of two full-time education awards in his/her lifetime, regardless of the length of the term of service.

E. Loan Forbearance

The Member is eligible to have the repayment of certain student loans postponed during their term of service. Members must request forbearance from their loan holders with the National Service Forbearance Request Form. The National Service Trust does not grant forbearances; the loan holders do. Members whose loans are in current default status are not eligible for this benefit.

F. Interest Payments

If the Member has received forbearance on a qualified student loan during the term of service, upon completion, the National Service Trust will repay a portion or all of the interest that accrued on the loan during the term of service. However, if the Member leaves for non-compelling reasons, even if the loan was in forbearance, the Trust will not pay the interest. The interest paid will be taxed as income.

VI. REASONABLE ACCOMMODATIONS

Programs and activities must be accessible to persons with disabilities, and the grantee must provide reasonable accommodation to the known mental or physical disabilities of otherwise qualified members, service recipients, applicants, and staff. All selections and project assignments must be made without regard to the need to provide reasonable accommodation.

Any reasonable accommodation requests can be made to the Employment Accommodation Coordinator in the Office of Equal Opportunity, Ethics, and Access at 309-438-3383 or equalopportunity@ilstu.edu.

VII. RULES OF CONDUCT

A. Prohibited Activities

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:

- 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—
 - i. A business organized for profit;
 - ii. A labor union;
 - iii. A partisan political organization;
 - iv. A nonprofit organization that fails to comply with the restrictions contained in section 501(c)(3) of the Internal Revenue Code of 1986 related to engaging in political activities or substantial amount of lobbying except that nothing in these provisions shall be construed to prevent participants from engaging in advocacy activities undertaken at their own initiative; and
 - v. An organization engaged in the religious activities described in paragraph 3.g. above, unless CNCS assistance is not used to support those religious activities;
- i. Conducting a voter registration drive or using CNCS funds to conduct a voter registration drive;
- j. Providing abortion services or referrals for receipt of such services; and
- k. Such other activities as CNCS may prohibit.

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. Individuals may exercise their rights as private citizens and may participate in the activities listed above on their initiative, on non-AmeriCorps time, and using non-CNCS funds. Individuals should not wear the AmeriCorps logo while doing so.

B. Code of Conduct

45CFR § 2543.42: The recipient shall maintain written standards of conduct governing the performance of its employees engaged in the award and administration of contracts. No employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when the employee, officer, or agent, any Member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award. The officers, employees, and agents of the recipient shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, or parties to subagreements. However, recipients may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value. The standards of conduct shall provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the recipient.

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

- Demonstrate mutual respect towards others.
- Follow the directions of the AmeriCorps Program office and Host Site.
- Have a neat and clean appearance and wear attire appropriate for the work site and activity. When on AmeriCorps time, the Member should wear one or more pieces of service gear, even if it is just the pin. Wearing the AmeriCorps shirt is especially important when working on a community service day project.
- Conduct himself or herself in a manner exemplary as a role model to youth and others and in compliance with AmeriCorps standards.
- Direct concerns, problems and suggestions to his or her Site Supervisor.

- Keep the Site Supervisor informed of his/her schedule and activities during service hours and report changes in a timely manner so the appropriate action can be taken to cover or reschedule activities.
- Keep confidential and proprietary information strictly confidential, consistent with state and federal laws.
- The Member understands that the following acts also constitute a violation of the Program's rules of conduct:
 - a. Unauthorized tardiness.
 - b. Unauthorized absences.
 - c. Ingesting or being under the influence of alcoholic beverages or any illegal drugs during the performance of service activities.
 - d. Repeated use of inappropriate language (i.e. profanity) at a service site.
 - e. Failure to wear appropriate clothing at worksite and when participating in service assignments.
 - f. Performing personal business, such as making excessive phone calls or running errands, during AmeriCorps service hours.
 - g. Stealing, lying or falsifying AmeriCorps reports.
 - h. Inappropriate or unprofessional behavior.
 - i. Destroying or defacing any Program property or service site property.
 - j. Refusing to follow the Site Supervisor or Program Director's instructions.
 - k. Failure to notify the Program of any criminal arrest or conviction that occurs during the term of service.
 - l. Assault on another person while on service assignment or off duty.
 - m. Possession of a weapon while on service assignment.
 - n. Failure to follow the rules and regulations set in this contract.
 - o. Falsifying critical information (especially information related to eligibility) during the application process or during the term of service.

C. Civil Rights Requirements, Complaint Procedures, and Rights of Beneficiaries

It is against the law for organizations that receive federal financial assistance from the Corporation for National and Community Service to discriminate on the basis of race, color, national origin, disability, sex, age, political affiliation, or, in most cases, religion. It is also unlawful to retaliate against any person who, or organization that, files a complaint about such discrimination. In addition to filing a complaint with local and state agencies that are responsible for resolving discrimination complaints, you may bring a complaint to the attention of the Corporation for National and Community Service. If you believe that you or others have been discriminated against, or if you want more information, contact:

*Serve Illinois Commission
Attn: Scott McFarland
422 S 5th Street
Springfield, IL 62701
Scott.McFarland@Illinois.gov
217-685-5930*

Or

*Office of Civil Right and Inclusiveness
Corporation for National and Community Service
1201 New York Avenue, NW
Washington, DC 20525
(800) 833-3722 (TTY and reasonable accommodation line)
(202) 565-3465 (FAX); eo@cns.gov*

D. Non-Duplication and Non-Displacement

The Member may not be used to duplicate an activity that is already available in the locality of a program.

An employer may not displace an employee or position, including partial displacement such as reduction in hours, wages, or employment benefits, as a result of the use by such employer of the Member. An organization may not displace a volunteer by using the Member.

The Member may not perform any services or duties or engage in activities that would otherwise be performed by an employee as part of the assigned duties of such employee.

The Member may not perform any services or duties, or engage in activities, that:

- a. will supplant the hiring of employed workers; or
- b. are services, duties, or activities with respect to which an individual has recall rights pursuant to a collective bargaining agreement or applicable personnel procedures.

The Member may not perform services or duties that have been performed by or were assigned to any:

- a. presently employed worker;
- b. employee who recently resigned or was discharged;
- c. employee who is subject to a reduction in force or who has recall rights pursuant to a collective bargaining agreement or applicable personnel procedures;
- d. employee who is on leave (terminal, temporary, vacation, emergency, or sick); or
- e. employee who is on strike or who is being locked out.

E. Drug Free Workplace

Members will be expected to adhere to all provisions of service in a drug-free workplace in accordance with the Drug-Free Workplace Act, 41 U.S.C. 701 et seq., implementing regulations, 45 C.F.R. 2542;

You are hereby notified that:

- i. The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the workplace and Program;
- ii. Conviction of any criminal drug statute must be reported immediately to the Program Site Supervisor;
- iii. The member's participation is conditioned upon compliance with the notice requirements; and
- iv. Certain actions will be taken against Members for violations of such prohibitions.

F. Criminal Drug Convictions

As a Member you must notify the Program Site Supervisor in writing of any criminal drug convictions for a violation occurring in the workplace or during the performance of project activities no later than 5 days after such a conviction. The Program Site Supervisor must take appropriate action up to and including termination or Member release for cause consistent with the Corporations' rules of termination and suspension of service.

G. Disciplinary Action

For violating the above stated rules of conduct, as well as the policies and procedures stated in this Member Service Agreement, the Program will take the following action for those infractions where the Program sees the possibility of reversing the behavior:

- a. For the Member's first offense, the AmeriCorps Program Director (or other appropriate program official) will issue a verbal warning to the member, documented in the Member's file.
- b. For the Member's second offense, the AmeriCorps Program Director (or other appropriate program official) will issue a written warning and reprimand the Member, a copy of which will be put in the Member's file.
- 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, documented in the member's file.
- d. For the fourth offense, the program may release the Member for cause.

H. Suspension

The Program Site Supervisor may temporarily suspend or impose fines on a Member for minor disciplinary reasons, such as chronic tardiness. If the Member is charged with a violent Felony or

sale or distribution of a controlled substance, or convicted of possession of a controlled substance, the Program Site Supervisor must suspend the Member without any AmeriCorps benefits, including living allowance, and without receiving credit for hours missed.

VIII. RELEASE FROM TERMS OF SERVICE

The Member may be released from his or her term of service for the following reasons:

A. Release for Cause

Members exiting the program for cause will cease to receive the living stipend, the health care benefits and the child care benefits and will receive no portion of their education award. The program will release the Member for cause for the following reasons:

- The Member has dropped out of the program without obtaining a release for compelling personal circumstances from the appropriate program official.
- During the term of service the Member has been convicted of a violent felony or the sale or distribution of a controlled substance.
- The Host Site requests that the Member be terminated from service at the site.
- The Member has committed any of the offenses listed below:
 1. Engaging 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.
- Any other serious breach that in the judgement of the Program staff or Host Site would undermine the effectiveness of the program.

B. Release for Compelling Personal Circumstances

Members exiting the program because of compelling personal reasons will cease to receive the living stipend, the health care benefits and the child care benefits, but Members 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. The Program may release the Member from the term of service for compelling personal circumstances if the Member demonstrates that:

- The Member has a disability or serious illness that makes completing the term impossible.
- There is a serious injury, illness, or death of a family member, which makes completing the term unreasonably difficult or impossible for the Member.
- The Member has military service obligations.
- The Member has accepted an opportunity to make the transition from welfare to work; or
- 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, relocation of a spouse, or the non-renewal or premature closing of the Program.

A Member who wishes to be released from service for compelling personal circumstances is required to do the following before the final living allowance check can be received:

- Discuss the terms of the release with the Program Director;
- Provide a written letter outlining the reason the Member wishes to be released from the program; and
- Complete an exit form.

IX. GRIEVANCE PROCEDURES

In the event that informal efforts to resolve disputes are unsuccessful, AmeriCorps Members may seek resolution through the following grievance procedures. These procedures are intended to apply to service-related issues, such as assignments, evaluation, suspensions, or release for cause. All grievances that allege fraud or criminal activity must be brought to the attention of the Corporation for National and Community Service.

- A grievance must be filed within one year of the alleged occurrence.
- A grievance hearing will be held no later than 30 days after the filing of the grievance. This timeframe may only be extended by written agreement of both parties.
- Prior to the hearing, one or more pre-hearing conferences will be arranged by the Program. The pre-hearing conference is 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 person conducting the hearing may not have participated in any previous decisions concerning the issue in dispute.
- A written decision to the hearing will be made no later than 60 days after the initial filing of the grievance.
- The grievant can request binding arbitration if decision is adverse to the grievant or if the decision is not reached within 60 calendar days. The arbitrator must be independent and selected by mutual consent of the parties involved. If the parties cannot agree on the arbitrator, the Illinois Commission on Volunteerism and Community Service (ICVCS) will appoint one within 15 days of receiving the request.
- The arbitration proceeding must be held no later than 45 days after the request for arbitration, and no later than 30 days after the arbitrator's appointment. An arbitration decision must be made within 30 days after the commencement of arbitration proceedings.
- The cost of arbitration must be divided evenly between the parties, unless the aggrieved party prevails, in which case the program must pay the total cost of the proceedings.

X. UNEMPLOYMENT BENEFITS

Members understand they **do not qualify** to receive unemployment benefits after the completion of their term of service or their release from the Program. Members agree not to apply for unemployment benefits from the Program following their term of service.

XI. EDITS TO MEMBER SERVICE AGREEMENT

This Member Service Agreement is an approved Commission document – edits are **not** permitted.

XII. 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.

_____ Date

AmeriCorps Member

_____ Date

Program Director

For Parent or Guardian of a Member **under 18 years of age**, who is a high school graduate:

I have reviewed this Member Service Agreement, and understand the responsibilities and benefits. I authorize my son/daughter/legal ward to participate in the _____ AmeriCorps Program.

_____ Date

Signature of Parent or Guardian



Illinois AmeriCorps*State Media Consent Form

I, the undersigned, authorize the Board of Trustees of Illinois State University on behalf of its Stevenson Center AmeriCorps Program, its officers, agents, and employees or other authorized representatives of magazines, newspapers, periodicals, radio, television and other news and educational media to take photographs or videotape of:

Name of Photo Subject

Age (if under 18)

Address

Phone Number

I also authorize the Board of Trustees of Illinois State University on behalf of its Stevenson Center AmeriCorps Program, its officers, agents, and employees or other authorized representatives of magazines, newspapers, periodicals, radio, television and other news and educational media to use and publish (including publication on the World Wide Web) such information and/or photographs or videotape together with such identification as may be reasonable for the purpose of publicity or communications.

Signed:

Signature of Photo Subject

Print:

Printed Name of Photo Subject

Date:



HEALTH CARE ENROLLMENT QUESTIONNAIRE

In order to accurately process your claims, information regarding other health care coverage is needed. Please complete the information below (please print legibly) and then sign at the bottom of the form.

LAST NAME: _____ FIRST NAME: _____ MI: _____

LAST 4 DIGITS OF YOUR SOCIAL SECURITY NUMBER: _____

YOUR ADDRESS: _____

Do you have any other insurance coverage for health, dental, vision or Medicare?

YES (Please complete form and sign.)

NO (Please sign form and return to your Program Director.)

NAME(S) OF POLICYHOLDER & TYPE OF COVERAGE

HEALTH INSURANCE:

Health Insurance Provider: _____ Policy #: _____

Is the Policyholder your Spouse Parent Other _____
(State Relationship)

Type of Coverage: Group Individual

DENTAL INSURANCE:

Health Insurance Provider: _____ Policy #: _____

Is the Policyholder your Spouse Parent Other _____
(State Relationship)

Type of Coverage: Group Individual



CHILD CARE ENROLLMENT QUESTIONNAIRE

LAST NAME: _____ FIRST NAME: _____ MI: _____

LAST 4 DIGITS OF YOUR SOCIAL SECURITY NUMBER: _____

YOUR ADDRESS: _____

Do you need assistance with child care in order to serve as an AmeriCorps Member?

YES

NO

SIGNATURE: _____ DATE: _____



STEVENSON CENTER

FOR COMMUNITY AND ECONOMIC DEVELOPMENT
Illinois State University

Campus Box 4200
Normal, IL 61790-4200
Telephone (309)438-7090
StevensonCenter@ilstu.edu
www.StevensonCenter.org

Attachment to MEMBER SERVICE AGREEMENT 2014-15

I. PURPOSE

Western Illinois University receives funding from the Corporation for National and Community Service through the AmeriCorps State Program, which is administered by the Illinois Commission on Volunteerism and Community Service. Illinois State University's Stevenson Center for Community and Economic Development is acting cooperatively with Western Illinois University to provide AmeriCorps member status to its students working in Illinois communities. **This agreement is contingent upon the continuation of that cooperative relationship.**

II. MINIMUM QUALIFICATIONS

Programs may change qualification in age or education requirement to meet the needs of the Program. The member certifies that he/she:

- Is currently a graduate student in good academic standing at Illinois State University, as defined in the AmeriCorps Program Manual.

The Member must satisfactorily pass the required criminal background checks before entering the Program. If circumstances are warranted that another check should be done within the program year, the Member must also pass that check to remain in the Program. Failure to pass that check is grounds to be terminated for cause. The determination of "satisfactory" is at the sole discretion of the Program.

VI. BENEFITS

The member will receive from the program the following benefits:

A. Living Allowance

The living allowance will be disbursed by the program in monthly payments, according to Illinois State University's payment schedule. The I-9 Form must be completed within 3 days of the start date. Timely payment for the first month of service is dependent upon the Member completing the I-9 Form and all other documentation required by the Program by the 10th day of the first month of service. If this deadline is missed, the Member will receive the first month's living allowance at the end of the second month.

B. Health Care Insurance

The Program will provide health care insurance, through Illinois State University, during the term of service for the member. (No dependent coverage is available.) The member is responsible for any student health insurance fees, co-payments, and deductibles. Furthermore, the member is responsible for demonstrating eligibility to Illinois State University's Student Health Insurance office by posted deadlines each semester. (See <http://www.shs.ilstu.edu/Insurance/>.) If the member chooses to decline the health care coverage provided through Illinois State University, proof of health/accident insurance coverage must be provided to the Program.

C. Child Care Allowance

This benefit is not provided directly by the Program; it is provided by the Corporation for National and Community Service.

VII. RULES OF CONDUCT

A. Prohibited Activities

Any prohibited activities listed in the AmeriCorps Program Manual.

B. Code of Conduct

Programs may make changes to acceptable conduct based on their Program. The member understands that the following acts also constitute a violation of the Program's rules of conduct:

- p. Any violation of Program or Host Organization policies, procedures, or rules, including but not limited to policies on academic integrity in the graduate student's own academic work.
- q. Any activity that is illegal under local, state, or federal law.
- r. Activities that pose a significant safety risk to others.
- s. Failure to meet the Program expectations including but not limited to:
 - 1. Perform the duties outlined in the work plan in a professional manner.
 - 2. Follow any procedures agreed upon with the host site for work and vacation time, project/travel cost reimbursement, etc.
 - 3. Develop a work plan based on host site direction and complete monthly activity reports and time sheets. Member will submit an approved electronic copy of monthly activity reports and time sheets to the Stevenson Center and Site Supervisor by the 5th day of each month. In addition to the electronic report, a *signed* hard copy of progress reports is required and shall be mailed or delivered to the Stevenson Center by the 5th day of each month.
 - 4. Attend all required Stevenson Center events.
 - 5. Submit all required documentation in a timely manner.
 - 6. Participate in National Day of Service and Remembrance and Martin Luther King, Jr. Day. (Program will participate in National AmeriCorps Week.)
 - 7. Submit at least two Success Stories per guidelines to highlight impact of service.
 - 8. Maintain an overall graduate grade point average of at least 3.0 while an AmeriCorps member.
 - 9. Maintain enrollment in 9-12 credit hours of course work for each fall and spring semester while an AmeriCorps member unless an exception to academic load has been approved.
 - 10. Continue satisfactory progress towards degree completion in a timely fashion: e.g., master's students must complete a degree within a two- to three-year period.
 - 11. Meet the performance criteria expected by the host organization.

D. Disciplinary Action

For any serious infraction, or an infraction leading to reputation, health, or safety risks the University may take immediate disciplinary action up to and including termination from the AmeriCorps appointment through the Stevenson Center without completing the step process.

VII. RELEASE FROM TERMS OF SERVICE

The member may be released from his or her term of service for the following reasons:

A. Release for Cause

Members exiting the program for cause will cease to receive the living stipend, the health care benefits and the child care benefits and will receive no portion of their education award. The program will release the member for cause for the following reasons: For any serious or repeated infraction, or an infraction leading to reputation, health, or safety risks the University may take immediate disciplinary action to release the member from the Program and AmeriCorps.

B. Release for Compelling Personal Circumstances

If a member requires a reasonable accommodation all requests must be directed to the Office of Human Resources <http://www.hr.ilstu.edu/current/accommodations.shtml>.

VIII. GRIEVANCE PROCEDURES

All programs must establish a grievance procedure for Members. The timeframes below are mandated.

Any Program decision already subject to a different, existing grievance or complaint process will be excluded from this grievance process entirely.

- A grievance must be filed within one year of the alleged occurrence.
 - The grievance must be written and filed with the Program Director and the Office of Human Resources Labor and Employee Relations Department.
- A grievance hearing will be held by the Office of Human Resources no later than 30 days after the filing of the grievance. This timeframe may only be extended by written agreement of both parties.
 - The hearing will be held by the Office of Human Resources.
- Prior to the hearing, one or more pre-hearing conferences will be arranged by the Program. The pre-hearing conference is 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 Hearing will be arranged and conducted by the Office of Human Resources.
- The person conducting the hearing may not have participated in any previous decisions concerning the issue in dispute.
- A written decision to the hearing will be made no later than 60 days after the initial filing of the grievance.
- The grievant can request binding arbitration if decision is adverse to the grievant or if the decision is not reached within 60 calendar days. The arbitrator must be independent and selected by mutual consent of the parties involved. If the parties cannot agree on the arbitrator, the Illinois Commission on Volunteerism and Community Service (ICVCS) will appoint one within 15 days of receiving the request.
 - The arbitrator will be a volunteer neutral decision maker and this persons is limited to providing a remedy concerning the following member benefits:
 - Educational Award
 - AmeriCorps status for future service
- The proceeding must be held no later than 45 days after the request for arbitration, and no later than 30 days after the arbitrator's appointment. An arbitration decision must be made within 30 days after the commencement of arbitration proceedings.
- Each party is always responsible for paying their own attorney fees.

XII. 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.

_____ Date
AmeriCorps Member

_____ Date
Program Director

For Parent or Guardian of a Member **under 18 years of age**, who is a high school graduate:

I have reviewed this Member Service Agreement, and understand the responsibilities and benefits. I authorize my son/daughter/legal ward to participate in the _____ AmeriCorps Program.

_____ Date
Signature of Parent or Guardian



Allowable Activities

- I. At least 80% of time must be spent in direct service and the other 20% can be credited to education and/or training related to their work or to AmeriCorps.
- II. Direct service is work that addresses human need, the environment, public safety, and/or education in one form or another. It is working directly with people to make change, or doing work that is involved in making that direct change. It can be outreach, case management, training, teaching, tutoring, mediating, cleaning, counseling, recruiting volunteers, catching up on paperwork related to clients, preparing for class, coaching, listening, cooking, serving, providing health care, food, clothing, etc. Direct service hours should constitute 80% or more of an AmeriCorps member's total hours served. The remainder will be indirect service hours.
- III. Indirect service hours, or education and training, hours are only applicable when they reflect the AmeriCorps service that the member credits to the education award he or she will receive. Any on-the-job training that refers to direct service would be part of this category. All orientations, including the AmeriCorps orientation, would be included, as well as any state or regional trainings, seminars, or workshops pertaining to issues related to direct service. Examples would be conflict resolution seminars, teacher development days, team-building exercises or a class on training techniques. Only 20% of all member's credited service hours can be dedicated to education and training, even if more hours have been spent in this area.
- IV. Members may raise funds directly in support of service activities that meet local, environmental, educational, public safety, homeland security, or other human needs. Examples of fundraising activities that members may perform include, but are not limited to the following:
 - a) Seeking donations for of books from companies and individuals for a program in which volunteers tutor children to read;
 - b) Securing supplies and equipment from the community to enable volunteers to help build houses for low-income individuals;
 - c) Securing financial resources from the community to assist a faith-based organization in launching or expanding a program that provides social services to the members of the community and is delivered, in whole or in part, through the members of the faith-based organization; or
 - d) Seeking donations from alumni of the program for specific service projects being performed by current members.

- V. AmeriCorps members may not:
 - a) Raise funds for living allowances or for an organization's general (as opposed to project) operating expenses or endowment;
 - b) Write a grant application to the Corporation or to any other Federal agency.
- VI. Fundraising activities may not exceed 10% of the member's credited service hours.
- VII. The Illinois Commission on Volunteerism and Community Service does not want its AmeriCorps Members to write ANY grant proposals. (Because many grant proposals support the general operations of the host organization, unfortunately the Commission wants to avoid this activity altogether.) Per the Commission, the Member may only seek funds or in-kind donations for programs/projects that directly involve the Member.
- VIII. All AmeriCorps service activities will take place within the State of Illinois or Iowa only.



Member Workplan

AmeriCorps Member:

Host Site:

Service Dates:

Supervisor:

Goal

Objective :

Objective :

Objective :

Objective :

Action Plan:

Volunteer Best Practices: Please choose three for any goal that may include volunteer involvement. BP's may be implemented by a partner organization and/or Host Site. Please complete a pre-test and post-test with all partner organizations for any volunteer related goals.

Community Needs Assessment

Strategic Planning

Recruiting & Marketing

Interviewing, Screening, & Selecting Volunteers

Orienting & Training Volunteers

Ongoing Supervision & Management

Recognition & Volunteer Development

Measuring Outcomes & Evaluating Progress

Partner Organization(s):

Member:

Supervisor:

Date:

Date:



Monthly Progress Report for

DATE: January
STATUS:

Phone: E-mail:
Site Supervisor Name: Phone: E-mail:

Provide a **brief** narrative description of your activities for each of the projects in your work plan, using the headings listed below. Discuss the extent to which you have achieved the desired results for each of the goals and objectives in your approved work plan. **Provide qualitative and quantitative** information that will help us understand your projects better.

A) Capacity Building

1. Number of projects working on:

1a. How many are new projects this month?

1b. How many are ongoing projects this month?

	<i>enter number</i>
	<i>enter number</i>
NA	<i>enter number</i>

Describe capacity building projects, number each activity and identify if new or ongoing project. *If not applicable, type in "NA".*

2. Number of projects using volunteer support:

2a. How many are new projects this month?

2b. How many are ongoing projects this month?

	<i>enter number</i>
	<i>enter number</i>
NA	<i>enter number</i>

Describe volunteer recruitment and support projects, number each activity and identify if new or ongoing project. *If not applicable, type in "NA".*

3. Describe best practices in volunteer management being implemented:

- BP1. Community Needs Assessment
- BP2. Strategic Planning to Maximize Volunteer Impact
- BP3. Recruiting and Marketing to Prospective Volunteers
- BP4. Interviewing, Screening, and Selecting Volunteers
- BP5. Orienting & Training Volunteers
- BP6. Ongoing Supervision and Management
- BP7. Recognition and Volunteer Development
- BP8. Measuring Outcomes and Evaluating Progress

Number each activity and identify if new or ongoing project. (Need to meet a minimum of three of these best practices during your service.) *If not applicable, type in "NA".*

4. Describe disaster preparedness project being implemented:

4a. How many disaster response plans being updated?

	enter number
--	--------------

4b. How many disaster response plans being created?

	enter number
--	--------------

Describe disaster preparedness projects, number each activity and identify if new or ongoing project. *If not applicable, type in "NA".*

B) Technical Assistance Coordinated/Provided

1. Number of business trainings coordinated or provided:

<i>Business Trainings</i>		enter number
---------------------------	--	--------------

2. Number of small businesses assisted (50 employees or fewer):

<i>Small Businesses</i>		enter number
-------------------------	--	--------------

Of those business owners:

2a. How many were women?

<i>Women</i>		enter number
--------------	--	--------------

2b. How many were men?

<i>Men</i>		enter number
------------	--	--------------

2c. How many were White?

<i>White</i>		enter number
--------------	--	--------------

2d. How many were African?

<i>African</i>		enter number
----------------	--	--------------

2e. How many were Asian?

<i>Asian</i>		enter number
--------------	--	--------------

2f. How many were other race?

<i>Other Race</i>		enter number
-------------------	--	--------------

2g. How many were Hispanic?

<i>Hispanic</i>		enter number
-----------------	--	--------------

3. Number of job trainings coordinated or provided to individuals:

<i>Job Trainings to Individuals</i>		enter number
-------------------------------------	--	--------------

3a. How many individuals served?

<i>Individuals Served</i>		enter number
---------------------------	--	--------------

3b. How many individuals were economically disadvantaged?

<i>Economically Disadvantaged</i>		enter number
-----------------------------------	--	--------------

3c. Number of individuals reporting skill increases on pre/post test:

<i>Increased Skills</i>		enter number
-------------------------	--	--------------

Please describe trainings, number each activity and identify if new or ongoing project. *If not applicable, type in "NA".*

C) Number of Jobs Created or Retained

1. As a result of your work in the community, how many jobs have been created:

<i>Jobs Created</i>		enter number
---------------------	--	--------------

2. As a result of your work in the community, how many jobs have been retained:

<i>Jobs Retained</i>		enter number
----------------------	--	--------------

Describe the work you have done to create or retain jobs, number each activity and identify if new or ongoing project. *If not applicable, type in "NA".*

D) Other Training and Service

- 1. Additional trainings attended:
- 2. National Day of Service:
- 3. Additional service activities:

	<i>enter number</i>
	<i>enter number</i>
	<i>enter number</i>

Please describe activities, number each activity and identify if new or ongoing project. *If not applicable, type in "NA".*

E) Obstacles/Challenges and Support Needed

Please describe any obstacles/challenges you are facing and/or make a request for additional information/support. *If not applicable, type in "NA".*

Note: If your Work Plan has changed, please update it and send us a copy with your monthly report.

, , , , Phone: , E-mail:

AmeriCorps Volunteer Activity Record -- January

Member Name:

Date of Activity	Description of Volunteer Activity (e.g. Liaison Committee Meeting, Special Event Planning Meeting, Actual Event, etc.)	Number of New Volunteers (involved for the first time this month)	Number of Ongoing Volunteers (involved with projects as ongoing volunteer)	Total Volunteers (formula)	Volunteer Hours Worked	Total Volunteer Hours (formula)
SUBTOTAL						

Of the New Volunteers this Month:
 _____ *How many of the new volunteers represent disadvantaged youth (under 18)?*
 _____ *How many of the new volunteers represent college students (age 18-25)?*
 _____ *How many of the new volunteers represent baby boomers (born between 1946 and 1964)?*

I certify the above Monthly Progress Report and Volunteer Activity Record reflects the true service record for the stated time period.

Member's Signature and Date

Supervisor's Signature and Date

Member's Printed Name

Supervisor's Printed Name

Supervisor Comments (if you need more space, please submit separate sheet):

IMPORTANT NOTES ABOUT PROGRESS REPORT:

- (1) DUE in the PCF/AmeriCorps office on the 5th of each month.
- (2) Electronic version of Progress Report should be emailed to ALL PCF staff by 5th of each month.
- (3) Must be signed by the host site supervisor to verify activities and mailed to PCF office. Unsigned reports **will not** be accepted.
- (4) If received more than 2 weeks late will not count toward service hours earned, unless prior arrangements have been made with the PCF Program Manager.

For office use only, do not write below:
 Date Rec'd: _____ Completed Not Completed Turned in on time Date verified with OnCorps: _____
 Did not turn in on time (2 weeks late) or by "turn in date", hours will not count.

Corrections made to the above Progress Report were authorized by AmeriCorps program staff, written in red, and will be noted in email communication with AC member.

, , , , Phone: , E-mail:



AmeriCorps Member Performance Evaluation

AmeriCorps Member: _____ Site: _____

Supervisor: _____ Date: _____ Mid Term End Term

Hours completed to date _____

AmeriCorps member development is an important goal of the Stevenson Center. Without honest feedback, members are unable to make improvements to enhance their performance and their experience. Performance evaluations are intended to be a mutual exchange of information, enabling members to progress toward their optimal performance potential. Therefore, providing candid responses is very important.

The following competencies have been identified as areas in which members can continually strive to better themselves. Using the scales provided below, please evaluate the member based on her/his day-to-day performance and your observations as the Site Supervisor. Place an "X" in the rating area that best describes the member's performance.

Please rate your AmeriCorps member in the areas listed below: (Put and X in the appropriate box)	Excellent	Good	Fair	Poor
1. Demonstrates knowledge and preparation to provide service effectively				
2. Fills out and submits all relevant paperwork in a timely manner				
3. Sets realistic goals and follows through with commitments				
4. Honors time commitments and demonstrates time/priority management skills				
5. Utilizes feedback and constructive criticism				
6. Represents the program professionally				
7. Shows initiative and self motivation				
8. Demonstrates decision-making and organizational skills				
9. Maintains a constructive and mature attitude throughout challenges				
10. Demonstrates resourcefulness in generating solutions to problems				
11. Accepts personal responsibility for learning and contributing				
12. Interacts appropriately with on-site personnel, clientele, and/or public				
13. Creative and/or resourceful in problem solving				
14. Demonstrates concern for the quality, accuracy, and completeness of tasks performed				

Site Supervisor's narrative evaluation:

AmeriCorps Member's self evaluation:

_____ I agree with this evaluation

_____ I do not agree with this evaluation

Comments:

Member's Signature

Date

Supervisor's Signature

Date