

SITE AGREEMENT AND POSITION DESCRIPTION

Name (*please print*) _____ Term of Service (circle): 300 450 900

College/University _____ Service Site _____

POSITION DESCRIPTION: _____

Average amount of Direct Service hours per week: _____

SITE SUPERVISOR INFORMATION:

Please circle which focus area your agency's or organization's mission or services most closely represents:

Education Public Safety Environmental Initiatives Human Needs/Services Homeland Security

NEEDS ASSESSMENT STATEMENT: (please describe what needs the AmeriCorps member will be meeting through his/her service.) _____

Site Supervisor Name (*please print*): _____

Title/Agency _____

Address _____

Work Phone _____ Work E-mail _____

I agree to serve as the Site Supervisor for _____ during his/her AmeriCorps term of service. I agree to monitor the member's compliance with the AmeriCorps provisions regarding Prohibited Activities (reverse side of this form). I also agree to monitor the member's timely completion of required program paperwork, including Time Logs, Site Agreement, Member Development Plan, and Evaluations.

Site Supervisor Signature _____ **Date** _____

Member Signature _____ **Date** _____

The AmeriCorps Member is responsible for sending Time Logs to the Campus Compact office at the end of each month after securing the supervisor's signature, and is responsible for the timely submission of all program paperwork.