



Enrollment Packet Guide

This document specifies who is responsible for each portion of the paper Enrollment Packet:

MT Campus Corps Member

Specific to Service-Learning Members

MT Campus Corps Coordinator

Service Site Supervisor

MEMBER AGREEMENT AUTHORIZATION

For Host Campus Use ONLY

The member hereby acknowledges by his/her signature that he/she has read the Member Agreement posted online at mtcampuscorps.org, and understands and agrees to all terms and conditions of the agreement. *(If the member is under 18 years of age, the member's parent or legal guardian must also sign.)*

Start Date ____ / ____ / ____

End Date ____ / ____ / ____

Member Signature _____

Date: _____

Parent/Legal Guardian Signature (if member is under 18): _____

Date: _____

Campus-Based Program Coordinator Signature _____

Date: _____

WAIVERS & ASSURANCES

Enrollment

Initial I understand that I will not be enrolled in the program until all required paperwork has been received by the enrolling office. I further understand that I cannot begin serving hours toward completion of my term of service until I have attended a pre-service orientation and have been enrolled in the program.

AmeriCorps Portal Application

Initial I have submitted a Campus Corps application online by clicking "Apply Now!" at mtcampuscorps.org and I have received an invitation to complete my enrollment through the AmeriCorps Portal. *(Must be completed prior to enrollment).*

Pre-Service Orientation

Initial I attended a Campus Corps Pre-Service Orientation on ____ / ____ / ____ *(Must be completed prior to enrollment).*

Position Description

Initial I understand that the requirements of my service position are outlined on the Site Agreement and Position Description form (a separate document from the Member Agreement), and I should refer to the Site Agreement and Position Description document should any questions arise regarding the requirements of my position or the demands of my service site.

Publicity Release

Initial I give the Montana Campus Compact and the Campus Corps program permission to use my program information (e.g. name and photograph, Great Stories, and program information as documented on reporting forms) to educate the public, raise awareness and tell the story of the program.

Exit Paperwork

Initial I understand that my term of service will not be considered to have been successfully completed and I will not be eligible to receive an Education Award until I have submitted all program-required exit and reporting paperwork.

The member hereby acknowledges by his/her signature that he/she has provided correct information to the best of his/her ability and that he/she understands and agrees to the terms and conditions of all Waivers & Assurances initialed above. *(If the member is under 18 years of age, the member's parent or legal guardian must also sign.)*

Member Signature _____

Date: _____

Parent/Legal Guardian Signature (if member is under 18): _____

Date: _____

Campus-Based Program Coordinator Signature _____

Date: _____



SITE AGREEMENT AND POSITION DESCRIPTION

To be completed with the member's Service Site Supervisor. This form must be completed IN FULL for member to be enrolled. (Please note that you may also attach a separate position description to this form, if more space is required.)

Member Name (please print): _____

Service Site: _____

POSITION DESCRIPTION What are the responsibilities of the Campus Corps member at this site?

OPTIONAL: Attach an additional page with position description.

Average number of Direct Service hours per week _____ (Note: Standard for academic year positions is 12-15 hours per week)

NEEDS ASSESSMENT What specific unmet community need(s) does this position address?

FOCUS AREA Circle the focus area which most closely represents your agency or organization's mission or services

Education Public Health & Safety Environmental Initiatives Human Needs & Services Economic Recovery

SERVICE-LEARNING INITIATIVES Is this service experience part of an academic course?* Yes No

If Yes, please list name of Faculty Advisor: _____ Course #/Info: _____

* For Teacher Education programs, separately attach a Service Site Needs Statement (for Student Teachers), found at mtcampuscorps.org.

VOLUNTEER RECRUITMENT How will this member meet the program's requirements for volunteer recruitment?

Estimated number of volunteers _____ **Volunteer tasks** _____

TO BE COMPLETED BY SERVICE SITE SUPERVISOR

Initial I certify that this organization has liability insurance.

Initial I certify that this organization has an MOU or other formal agreement with the host institution, outlining the roles and responsibilities of both the campus and community partners.

Service Site Supervisor Name (please print): _____

Title/Agency: _____

Address: _____

Work Phone: _____

Work E-mail: _____

I agree to act as the Service Site Supervisor for _____ during his/her Campus Corps Term of Service. I agree to monitor the member's compliance with the AmeriCorps provisions regarding Prohibited Activities. I also agree to monitor the member's timely completion of required program paperwork, including timesheets and evaluations. I agree to sign the member's monthly timesheets. I also confirm that I have reviewed the *Campus Corps Member Agreement* located online at mtcampuscorps.org and understand and agree to its contents.

Service Site Supervisor Signature _____ **Date:** _____

MEMBER DEVELOPMENT PLAN

This form must be completed IN FULL for the member to be enrolled. Continue on a separate sheet if necessary.



Member Name (please print): _____

Service Site: _____

Please identify your reason(s) for choosing to participate in Campus Corps (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Perform community service | <input type="checkbox"/> Meet other students | <input type="checkbox"/> Motivated to serve because of national events |
| <input type="checkbox"/> Career exploration | <input type="checkbox"/> Receive an Education Award | <input type="checkbox"/> Combine an internship position with a service experience |
| <input type="checkbox"/> Participate in a national/community service program | <input type="checkbox"/> Combine a work-study position with a service experience | |
| <input type="checkbox"/> Encouraged to join by peers | <input type="checkbox"/> Résumé-building | <input type="checkbox"/> Other: _____ |

Skills and competencies I can contribute to my service as a Campus Corps member:

Skills and competencies I hope to gain as a Campus Corps member:

How does your participation in Campus Corps relate to your personal/professional goals?

In what ways do your personal/professional goals support life-long involvement in your community?

Member Signature _____ **Date:** _____

PROOF OF CITIZENSHIP AND CRIMINAL BACKGROUND CHECK AUTHORIZATION



Member Name (please print): _____

PROOF OF CITIZENSHIP

In order to be eligible for AmeriCorps service, the member must be a United States citizen, a United States national, or a legal permanent resident of the United States. **As proof of such, please select one of the following options and attach copies of the corresponding identification documents:**

Current U.S. Passport

OR

Government-issued photo ID and Birth Certificate

OR

Government-issued photo ID and Other acceptable proof of citizenship*

* Please see part A of Section V "Member Eligibility" in the Member Agreement at mtcampuscorps.org for more information about acceptable documentation.

CRIMINAL BACKGROUND CHECK AUTHORIZATION

On November 23, 2007, the Corporation for National & Community Service issued a regulation requiring grantees to conduct and document National Service Criminal History Checks on AmeriCorps participants who, on a recurring basis, have access to children, persons age 60 and older, and persons with disabilities. A National Service Criminal History Check consists of a State criminal registry check, and a National Sex Offender Public Registry (NSOPR) check.

Please see Criminal Background Check policy in part C of Section V "Member Eligibility" in the Member Agreement at mtcampuscorps.org for more information.

MEMBER AUTHORIZATION TO PERFORM A CRIMINAL BACKGROUND CHECK

In connection with my service with the Campus Corps AmeriCorps program, I hereby authorize the Montana Campus Compact to conduct a Criminal Background Check (CBC) on my behalf. I understand that this check will cover a search of law enforcement and court records and a check of the National Sex Offender Public Registry (NSOPR) at www.nsopr.gov. I understand that my ability to serve as an AmeriCorps member is contingent upon the results of the background check. I understand that failure on my part to consent to the CBC will result in the cancellation of my enrollment in the Campus Corps program. Results of the CBC are confidential, but may be shared with the Site Supervisor if necessary. The member is entitled to receive and review the information obtained, upon request. I certify that statements made by me on this form and in my enrollment paperwork are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein could void my eligibility to serve with Campus Corps.

Member Name (please print): _____
Last Name First Name Middle Initial

Permanent Address: _____
Address City State Zip

Birth Date (MM/DD/YYYY): ____ / ____ / ____ **Social Security #:** ____ - ____ - ____

Member Signature: _____ **Date:** _____

For Host Campus Use ONLY

Citizenship/ID Check: Approved: **Yes** _____ **No** _____ **Reviewer Initials:** _____ **Date** ____ / ____ / ____

Criminal History/NSOR: Approved: **Yes** _____ **No** _____ **Reviewer Initials:** _____ **Date** ____ / ____ / ____