

The Governor's Office of Faith-Based and Community Initiatives



MODULE B
Organization's Member Management



Date:

Visit Number: 1 2 3 4 5 6

Agency (Legal Applicant):

Program Name:

Physical Address:

Mailing Address (if different):

Phone:

Fax:

E-Mail:

GFBCI Commission Staff Completing Site Visit:

Program Staff Present:

Name:

Title:

Name:

Title:

Name:

Title:

Name:

Title:

Name:

Title:

NOTES:

The Governor's Office of Faith-Based and Community Initiatives

I. Recruitment

- A. Briefly describe the program's recruitment plan.
- B. Does the program have printed recruitment materials? (Please attach) If yes, how are these distributed?
- C. What is the program's maximum number of members?
FT_____ HT_____ Other_____
- D. How many members have been lost to attrition during the current program year?
FT_____ HT_____ Other_____
- E. Does program need assistance with recruiting members?
Yes___ No___
- F. Does the program consider outreach to people with disabilities when developing recruitment materials, presentations and strategies (e.g., flyers that show people with disabilities serving, logo/graphic that indicates accessibility, TTY or relay phone number provided, invitation on flyers to request alternate formats or materials already developed in alternate formats, accessible website, recruitment presentations made to organizations serving individuals with disabilities)? Describe:

II. Member Eligibility

- A. What is criteria for determining eligibility for each applicant?
- B. Member Application:
- Does the program include a nondiscrimination clause on the application?
Yes___ No___
- If No, please describe plan of action to revise application?

The Governor's Office of Faith-Based and Community Initiatives

C. Does the standard member contract or contract addendums contain the following items (check Yes or No):

- Participation start and end date: Yes___ No__
- Minimum number of service hours required for completion of term/education award : Yes___ No__
- Minimum number of service hours required per week: Yes___ No__
- Location of service activities and projects: Yes___ No__
- Prohibited activities: Yes___ No__
- Sexual harassment and other non-discrimination issues: Yes___ No__
- Requirements under the Drug Free Workplace Act: Yes___ No__
- Suspension and Termination Rules: Yes___ No__
- The specific circumstances under which a member may be released for cause: Yes___ No__
- Behavioral guidelines for members: Yes___ No__
- A position description: Yes___ No__
- Amount of living allowance: Yes___ No__
- Members weekly schedule: Yes___ No__
- Name and contact information of Site Supervisor: Yes___ No__
- Grievance procedures as established by the program and meet all requirements of the provisions and signed by member: Yes___ No__
 - Grievance filed within one year of alleged occurrence
 - Grievance hearing within 30 calendar days of filing a grievance
 - Decision made within 60 calendar days of filing a grievance
 - Hearing by person not involved in previous decisions on the issue
 - Grievant can request binding arbitration if decision is adverse to grievant or if decision is not reached within 60 calendar days
 - Binding arbitration hearing is held within 45 days after request for arbitration or within 30 days after CEO appoints arbitrator
 - Within 30 days of the binding arbitration hearing, there is a decision

D. Member Interview

- Does the program have a written procedure for the interviewing of applicants?
- Does the program utilize a standard interview tool?
- How are members notified about the results of the interview?

The Governor's Office of Faith-Based and Community Initiatives

III. Member Policy and Procedure

- Does the agency have the following written policies and procedures in place? Indicate Yes or No (If No, attach an action plan for each incomplete policy and a date to submit to the State Commission):

- Written minimal qualifications for members: Yes___ No___
- Written Position Descriptions for each member describing direct and meaningful service and performance criteria: Yes___ No___
- Policies on Leave: Yes___ No___
 - Sick Yes___ No___
 - Vacation Yes___ No___
 - Holiday Yes___ No___
 - Jury Duty Yes___ No___
 - FMLA Yes___ No___
- Written policy regarding members' participation in fundraising activities: Yes___ No___
- Written policy that program hourly completion requirements meet those of CNCS: Yes___ No___
- Written policy for release of a member for cause, compelling circumstances, and suspensions to include a system for out-processing members: Yes___ No___

- Policy Recommendations:

IV. Member Management

A. Are member files maintained in a central and secure location? Yes___ No___
Location:_____

B. Who has access to member files? Please list below:

Name	Position
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C. Type of documentation proving citizenship as required by 45 C.F.R. 2522.200 (b) and (c) - Birth Certificate (copies must be certified) *OR* other acceptable documentation.

The Governor's Office of Faith-Based and Community Initiatives

D. Does the program have standard weekly service logs? Yes____ No____

- How are service logs collected?
- How often are logs collected?
- How are members notified of their completed hours?
- How often are they notified of their completed hours?

E. How often does the AmeriCorps program staff communicate with the service sites?

- Trains and adequately prepares site supervisors?

F. Member Performance Evaluation

- Does the program have a standard member Performance Evaluation?
Yes____ No____
- Does it include:
 - Completion of hourly requirements
Yes____ No____
 - Satisfactorily completed assignments
Yes____ No____
 - Has met other performance criteria clearly set forth at the beginning of the program year
Yes____ No____

G. Member meetings:

- Sign-In sheets (*reviewed*) Yes____ No____
- Schedule
- Attendance

H. Member accomplishments for current year/special recognition:
Describe:

I. Other issues of concern with member management:

- Follow-up plan: