|  |  |
| --- | --- |
| Name |  |
|  |
| School |  |

**Instructions**

The position description encompass the member’s entire term of AmeriCorps service. The member may serve at a maximum of three (3) service sites. Service sites are area nonprofits, government agencies, student organizations, or campus departments. **A specific organization MUST be listed on this form; forms that list academic requirements such as "social work practicum" or "work study” will be rejected.** Any changes to this form MUST be made by themember’scampus supervisor.

|  |  |  |
| --- | --- | --- |
| **Will the member be serving as an ICAP Team Leader?** | * Yes
 | * No
 |
| **Will the member have recurring access to vulnerable populations?** | * Yes
 | * No
 |
| *Supervisor Initials for verification:* |  |

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| **Service Site Information** | **ICAP Evaluation Survey** |
|

|  |  |
| --- | --- |
| **Organization Name:** |  |
|  |
| **Dept/Prog/Proj Name:** |  |
|  |
| **Zip Code:** |  |  |  |  |  |  |  |
|  |
| **Type** | **Member Duties** | **Estimated Service Hours** |
| * Nonprofit
* Government Agency
* Student Organization/Group
* Campus Department
 | * Volunteer Coordinator
* Capacity Building Specialist
 | * 0-33%
* 34-66%
* 67-100%
 |

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| --- |
| **Pre-Survey** |
| * Complete
* Not complete, service ended early
 |
| **Post-Survey** |
| * Complete
* Not complete, service ended early
 |

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| **Service Site Information** | **ICAP Evaluation Survey** |
|

|  |  |
| --- | --- |
| **Organization Name:** |  |
|  |
| **Dept/Prog/Proj Name:** |  |
|  |
| **Zip Code:** |  |  |  |  |  |  |  |
|  |
| **Type** | **Member Duties** | **Estimated Service Hours** |
| * Nonprofit
* Government Agency
* Student Organization/Group
* Campus Department
 | * Volunteer Coordinator
* Capacity Building Specialist
 | * 0-33%
* 34-66%
* 67-100%
 |

 |

|  |
| --- |
| **Pre-Survey** |
| * Complete
* Not complete, service ended early
 |
| **Post-Survey** |
| * Complete
* Not complete, service ended early
 |

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| **Service Site Information** | **ICAP Evaluation Survey** |
|

|  |  |
| --- | --- |
| **Organization Name:** |  |
|  |
| **Dept/Prog/Proj Name:** |  |
|  |
| **Zip Code:** |  |  |  |  |  |  |  |
|  |
| **Type** | **Member Duties** | **Estimated Service Hours** |
| * Nonprofit
* Government Agency
* Student Organization/Group
* Campus Department
 | * Volunteer Coordinator
* Capacity Building Specialist
 | * 0-33%
* 34-66%
* 67-100%
 |

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| --- |
| **Pre-Survey** |
| * Complete
* Not complete, service ended early
 |
| **Post-Survey** |
| * Complete
* Not complete, service ended early
 |

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