|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Applicant Name** | Click or tap here to enter text. | **Program Name** | Click or tap here to enter text. |
| **Program Year** | Choose an item. | **Reviewer** | Click or tap here to enter text. |
| **Date of Review** | Click or tap to enter a date. | **Date Resolved** | Click or tap to enter a date. |

# Member Service Agreement

**USER NOTES:** Best viewed in Microsoft Word in **Web Layout**, which can be selected in the *View* menu. Additional notes and source references are listed in the **Reviewing Pane** or Comments markup, which can be viewed or hidden in the *Review* menu.

The required contents of the Member Service Agreement are listed in the [**AmeriCorps State & National Specific Terms & Conditions**](http://onestarfoundation.org/wp-content/uploads/2014/10/2017-Specific-Terms-and-Conditions.pdf) **V. B.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria** | **N/A** | **Missing** | **Non-compliant** | **Compliant** | **Notes** |
| **Member Service Agreement is correctly labeled** |  |  |  |  | Click or tap here to enter text. |
| **Member position description(s)** |  |  |  |  | Click or tap here to enter text. |
| **Minimum number of service hours and other requirements necessary to complete service term and meet eligibility for education award**  Full-Time (FT) = **1,700 hours**  Half-Time (HT) = **900 hours**  Reduced Half-Time (RHT) = **675 hours**  Quarter-Time (QT) = **450 hours**  Minimum-Time (MT) = **300 hours** |  |  |  |  | Click or tap here to enter text. |
| **Start and end date (or space to write in dates) of the member service term** |  |  |  |  | Click or tap here to enter text. |
| **Amount of the education award being offered for successful completion of the term of service**  Full-Time (FT) = **$5,920.00**  Half-Time (HT) = **$2,960.00**  Reduced Half-Time (RHT) = **$2,255.00**  Quarter-Time (QT) = **$1,566.14**  Minimum-Time (MT) = **$1,252.91** |  |  |  |  | Click or tap here to enter text. |
| **Member Standards of Conduct** |  |  |  |  | Click or tap here to enter text. |
| **Living allowance pay schedule** included or referenced as an attachment |  |  |  |  | Click or tap here to enter text. |
| * Dates align with the start and end dates of the member service term |  |  |  |  | Click or tap here to enter text. |
| **A list of prohibited activities (requires exact text from** [**45 CFR §2520.65**](https://www.ecfr.gov/cgi-bin/text-idx?SID=2d9c321b5db0f2a5a4286116d41ab206&node=se45.4.2520_165&rgn=div8)**)** |  |  |  |  | Click or tap here to enter text. |
| **Fundraising (requires exact text from** [**45 CFR § 2520.40-45**](https://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=4193d25175e06a4c35ecfadf2e6252a0&rgn=div5&view=text&node=45:4.1.9.11.13&idno=45#se45.4.2520_140)**)** |  |  |  |  | Click or tap here to enter text. |
| **Nonduplication and Nondisplacement (requires exact text from** [**45 CFR §2540.100 (e)-(f)**](https://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=4193d25175e06a4c35ecfadf2e6252a0&rgn=div5&view=text&node=45:4.1.9.11.28&idno=45#se45.4.2540_1100)**)** |  |  |  |  | Click or tap here to enter text. |
| **Drug-Free Workplace Policy**, that includes: |  |  |  |  | Click or tap here to enter text. |
| * Unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the organization’s workplace and program |  |  |  |  | Click or tap here to enter text. |
| * Conviction of any criminal drug statute for a violation that occurred in the workplace must be reported to program no later than 5 days after the conviction |  |  |  |  | Click or tap here to enter text. |
| * Employee's employment or member's participation is conditioned upon compliance with the notice requirements |  |  |  |  | Click or tap here to enter text. |
| * Actions will be taken against employees and members for violations of such prohibitions |  |  |  |  | Click or tap here to enter text. |
| * AmeriCorps members acknowledge they have read and agree to the Drug-Free Workplace Policy |  |  |  |  | Click or tap here to enter text. |
| **Civil Rights and Non-Harassment Policy** |  |  |  |  | Click or tap here to enter text. |
| **Suspension and Termination Rules**, that includes: |  |  |  |  | Click or tap here to enter text. |
| * Programs may release members from participation for two reasons: (1) for compelling personal circumstances, and (2) for cause |  |  |  |  | Click or tap here to enter text. |
| * Program must **suspend** member if member: |  |  |  |  |  |
| 1. faces an ***official charge*** of a *violent felony* OR *sale or distribution of a controlled substance* |  |  |  |  | Click or tap here to enter text. |
| 1. is ***convicted*** of the *possession of a controlled substance* |  |  |  |  | Click or tap here to enter text. |
| 1. is not serving, nor accumulating service hours for an extended period of time |  |  |  |  | Click or tap here to enter text. |
| * Program must **release a member for cause** if: |  |  |  |  |  |
| 1. a member is ***convicted*** of a *violent felony* OR *sale or distribution of a controlled substance* during a term of service |  |  |  |  | Click or tap here to enter text. |
| 1. a member leaves the program to enroll in school, obtain a job, or leaves due to dissatisfaction |  |  |  |  | Click or tap here to enter text. |
| 1. the program may identify additional circumstances that warrant a member’s release from completing a term of service or suspension of their service |  |  |  |  | Click or tap here to enter text. |
| **Procedures for the filing and adjudication of grievances** |  |  |  |  | Click or tap here to enter text. |
| * OneStar’s updated Grievance Procedure template is used OR a substantially equivalent program specific procedure is used and includes: |  |  |  |  | Click or tap here to enter text. |
| 1. Timeline for Preliminary Complaint Resolution (PCR) indicates *as soon as possible and ideally within 30 days of the occurrence to allow the issue to proceed, if necessary, to ADR before the deadline for an aggrieved party to seek such resolution within 45 days of the alleged occurrence*. |  |  |  |  | Click or tap here to enter text. |
| 1. Timeline for Binding Arbitration indicates *A request for arbitration must be filed no later than 90 days after the hearing decision. If no hearing decision is made within 60 days of the filing of the initial grievance then a request for arbitration must be filed within 150 days of the filing of the initial grievance.* |  |  |  |  | Click or tap here to enter text. |
| 1. OneStar contacts have been updated to indicate *Parties involved in a grievance are encouraged to work closely with the OneStar* ***Program*** *Officers assigned to the AmeriCorps program in question as well as OneStar’s* ***Manager of AmeriCorps\*Texas*** *in navigating the grievance procedures.* |  |  |  |  | Click or tap here to enter text. |
| * States if the grievance alleges fraud or criminal activity, it must immediately be brought to the attention of OneStar and the Corporation’s Inspector General |  |  |  |  | Click or tap here to enter text. |
| * Identifies a specific contact person within the program staff for filing grievance |  |  |  |  | Click or tap here to enter text. |
| **Reasonable Accommodation Policy**, that includes: |  |  |  |  | Click or tap here to enter text. |
| * Confirmation that programs and activities must be accessible to persons with disabilities |  |  |  |  | Click or tap here to enter text. |
| * Confirmation that program provides reasonable accommodation to the known mental or physical disabilities of otherwise qualified members and applicants |  |  |  |  | Click or tap here to enter text. |
| * Statement of confidentiality with option of "self-identifying" as a person with a disability |  |  |  |  | Click or tap here to enter text. |
| * Written reasonable accommodation process |  |  |  |  | Click or tap here to enter text. |
| **Notice of Non-Discrimination**, that includes: |  |  |  |  | Click or tap here to enter text. |
| * Confirmation that program operates its program or its activity subject to the nondiscrimination requirements of the applicable statutes |  |  |  |  | Click or tap here to enter text. |
| * Summary of the applicable nondiscrimination requirements |  |  |  |  | Click or tap here to enter text. |
| * Availability of compliance information from the program, OneStar and/or the Corporation |  |  |  |  | Click or tap here to enter text. |
| * Explanation of procedures for filing discrimination complaints |  |  |  |  | Click or tap here to enter text. |
| **Space for member signature and date** |  |  |  |  | Click or tap here to enter text. |

# Member Position Description

The required contents of the Member Service Agreement are listed in the [**AmeriCorps State & National Specific Terms & Conditions**](http://onestarfoundation.org/wp-content/uploads/2014/10/2017-Specific-Terms-and-Conditions.pdf) **V. A.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria** | **N/A** | **Missing** | **Non-compliant** | **Compliant** | **Notes** |
| **Provided as a standalone document** |  |  |  |  | Click or tap here to enter text. |
| **Provided for each type of member outlined in the program’s approved grant application** |  |  |  |  | Click or tap here to enter text. |
| **Clearly and reasonably delineates between essential versus nonessential functions** |  |  |  |  | Click or tap here to enter text. |
| **Accurately, completely, and specifically describes the activities to be performed by each member** |  |  |  |  | Click or tap here to enter text. |
| **Indicates whether member has recurring access to vulnerable populations** |  |  |  |  | Click or tap here to enter text. |
| **States that member will be required to wear the AmeriCorps logo daily** |  |  |  |  | Click or tap here to enter text. |
| **Includes OneStar’s updated disaster requirement (requires specific text from OneStar Terms & Conditions)**   * In the event of a local, state, or federal disaster declaration, AmeriCorps members may be asked on a volunteer basis or be required by OneStar to activate to assist in disaster response and recovery activities within their communities.  This may involve virtual service opportunities or in-person service opportunities.  This may include service opportunities outside of the member’s standard service hours or in place of their standard service duties.  In the event of a large-scale, high needs local, state, or federal disaster, AmeriCorps members may voluntarily or be required by OneStar to deploy to an area outside of their service area to assist in disaster response and recovery activities. |  |  |  |  | Click or tap here to enter text. |
| **Position title includes the word *AmeriCorps*** |  |  |  |  | Click or tap here to enter text. |
| **Position title does NOT contain the words *Volunteer*, *Intern*, *Staff*, or *Manager*** |  |  |  |  | Click or tap here to enter text. |
| **Does NOT list any management duties** |  |  |  |  | Click or tap here to enter text. |
| **Do NOT appear to duplicate, displace or supplant program, site, or other staff positions in any way** |  |  |  |  | Click or tap here to enter text. |
| **Does NOT contain generic activity description (e.g., “other duties as assigned”)** |  |  |  |  | Click or tap here to enter text. |
| **Does NOT include any prohibited activities** |  |  |  |  | Click or tap here to enter text. |

# Member Timesheets

The timekeeping requirements are listed in the [**AmeriCorps State & National Specific Terms & Conditions**](http://onestarfoundation.org/wp-content/uploads/2014/10/2017-Specific-Terms-and-Conditions.pdf) **V. F.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria** | **N/A** | **Missing** | **Non-compliant** | **Compliant** | **Notes** |
| **Contains *member* signature and date** |  |  |  |  | Click or tap here to enter text. |
| **Contains *service site supervisor* signature and date** |  |  |  |  | Click or tap here to enter text. |
| **Documents total hours served per day** |  |  |  |  | Click or tap here to enter text. |
| **Prepared monthly, at minimum** |  |  |  |  | Click or tap here to enter text. |
| **Tracks/segregates hours separately for service, training, and fundraising** |  |  |  |  | Click or tap here to enter text. |
| **Includes space to document accompaniment of members whose NSCHC is still pending** |  |  |  |  | Click or tap here to enter text. |
| *Professional Corps only:***If** **following the timekeeping practices of its profession, certifies that members have completed the minimum required hours, excluding sick and vacation days, and have written approval on file from CNCS** |  |  |  |  | Click or tap here to enter text. |
| *If using an Electronic Timekeeping System, program:* |  |  |  |  |  |
| * Provides written policy is in effect establishing the use of electronic timekeeping system as system of record |  |  |  |  | Click or tap here to enter text. |
| * Uses a secure, verifiable electronic signature system that identifies and authenticates a particular person as the source of the electronic signature |  |  |  |  | Click or tap here to enter text. |
| * Uses a signature system that indicates signatory’s approval of the information contained in the electronic message. |  |  |  |  | Click or tap here to enter text. |
| * Verifies that no changes may be made once appropriate electronic signatures have been applied unless there is a clear, auditable record of the revision |  |  |  |  | Click or tap here to enter text. |

# Member Performance Evaluations

The performance evaluation requirements are listed in [**45 CFR 2522.220**](https://www.ecfr.gov/cgi-bin/text-idx?SID=68457437db632ecf8cbae103a178f5af&node=45:4.1.9.11.15&rgn=div5#se45.4.2522_1220) **(c)** the [**AmeriCorps State & National Specific Terms & Conditions**](http://onestarfoundation.org/wp-content/uploads/2014/10/2017-Specific-Terms-and-Conditions.pdf) **V. E.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria** | **N/A** | **Missing** | **Non-compliant** | **Compliant** | **Notes** |
| **End of Term Performance Evaluation Form,** that verifies whether: |  |  |  |  | Click or tap here to enter text. |
| * Member has completed the required number of hours |  |  |  |  | Click or tap here to enter text. |
| * Member has satisfactorily completed assignments, tasks, and projects |  |  |  |  | Click or tap here to enter text. |
| * Member has met other performance criteria that were clearly communicated at the beginning of the term of service |  |  |  |  | Click or tap here to enter text. |
| **Verification of Previous Term of Service Form OR documentation process to verify a member is eligible to serve if he/she previously served** |  |  |  |  | Click or tap here to enter text. |

# National Service Criminal History Checks

The NSCHC requirements are listed in[**45 CFR §2522**](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=d8a093f85557800c7a380c2f87a4340e&mc=true&n=pt45.4.2522&r=PART&ty=HTML)and[**§45 CFR §2540**](https://www.ecfr.gov/cgi-bin/text-idx?SID=62ef430e421c0b565f20975d1a1906e5&node=pt45.4.2540&rgn=div5%23sp45.4.2540.b).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria** | **N/A** | **Missing** | **Non-compliant** | **Compliant** | **Notes** |
| **NSCHC Consent and Verification Form**, that includes: |  |  |  |  | Click or tap here to enter text. |
| * Verification of identity with a government-issued photo ID |  |  |  |  | Click or tap here to enter text. |
| * Written authorization prior to initiating checks |  |  |  |  | Click or tap here to enter text. |
| * Understanding that selection is subject to check results |  |  |  |  | Click or tap here to enter text. |
| * Opportunity given to review findings |  |  |  |  | Click or tap here to enter text. |
| * Confidentiality of information |  |  |  |  | Click or tap here to enter text. |
| * Sources of the state and FBI checks (name and address/website of source used for the check components) |  |  |  |  | Click or tap here to enter text. |
| * Dates of initiation of each required check |  |  |  |  | Click or tap here to enter text. |
| * Dates of completion of each required check |  |  |  |  | Click or tap here to enter text. |
| * Consideration of results of the checks |  |  |  |  | Click or tap here to enter text. |
| * Whether the person is considered eligible for service based on their results |  |  |  |  | Click or tap here to enter text. |
| * Name and signature of the person who reviewed the results |  |  |  |  | Click or tap here to enter text. |
| **Staff NSCHC Certification form completed for all covered staff** |  |  |  |  | Click or tap here to enter text. |
| **Current eCourse Certificate submitted for at least one staff person** |  |  |  |  | Click or tap here to enter text. |
| *New programs only:* **NSCHC Policies & Procedures** |  |  |  |  | Click or tap here to enter text. |

# Member Benefits

The member benefits requirements are listed in the [**AmeriCorps State & National Specific Terms & Conditions**](http://onestarfoundation.org/wp-content/uploads/2014/10/2017-Specific-Terms-and-Conditions.pdf) **VIII. D. and E.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria** | **N/A** | **Missing** | **Non-compliant** | **Compliant** | **Notes** |
| *New programs only:* **Healthcare Certification Form** |  |  |  |  | Click or tap here to enter text. |
| *If applicable:* **Member Healthcare Insurance Waiver Form** |  |  |  |  | Click or tap here to enter text. |
| *If applicable:* **Member Childcare Benefits Waiver or Acceptance Form** |  |  |  |  | Click or tap here to enter text. |

# Additional Compliance Documentation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria** | **N/A** | **Missing** | **Non-compliant** | **Compliant** | **Notes** |
| **Member Training Certification Form** |  |  |  |  | Click or tap here to enter text. |
| **Breach of Personally Identifiable Information Procedures**, that includes: |  |  |  |  | Click or tap here to enter text. |
| * Definition of Personally Identifiable Information |  |  |  |  | Click or tap here to enter text. |
| * Immediate notification of OneStar in the event of a breach |  |  |  |  | Click or tap here to enter text. |

# Additional Forms Requiring Members’ Signatures

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criteria** | **N/A** | **Non-**  **compliant** | **Compliant** | **Notes** |
| **Document Submitted:** Click or tap here to enter text. |  |  |  | Click or tap here to enter text. |
| **Document Submitted:** Click or tap here to enter text. |  |  |  | Click or tap here to enter text. |
| **Document Submitted:** Click or tap here to enter text. |  |  |  | Click or tap here to enter text. |
| **Document Submitted:** Click or tap here to enter text. |  |  |  | Click or tap here to enter text. |
| **Document Submitted:** Click or tap here to enter text. |  |  |  | Click or tap here to enter text. |
| **Document Submitted:** Click or tap here to enter text. |  |  |  | Click or tap here to enter text. |