|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Applicant Name** | Click or tap here to enter text. | **Program Name** | Click or tap here to enter text. |
| **Program Year** | Choose an item. | **OneStar 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/2018/08/2018-Specific-Terms-and-Conditions.pdf) **V. B.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria** | **N/A** | **Missing** | **Non-compliant** | **Compliant** | **Notes** |
| **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**Three Quarter-Time (TQT) = **1,200 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) = **$6,095.00**Three Quarter-Time (TQT) = **$4,266.50**Half-Time (HT) = **$3,047.50**Reduced Half-Time (RHT) = **$2,321.00**Quarter-Time (QT) = **$1,612.43**Minimum-Time (MT) = **$1,289.95** |[ ] [ ] [ ] [ ]  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. |
| Any additional changes made by program (highlighted in yellow by program) |[ ] [ ] [ ] [ ]  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/2018/08/2018-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/2018/08/2018-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. |

# 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** |
| **OneStar NSCHC Policy Acknowledgment** |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| **Staff NSCHC Certification form completed for all covered staff** |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| **NSCHC Policies & Procedures** |[ ] [ ] [ ] [ ]  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. |
| **Pre-enrollment Policy & Procedures** |[ ] [ ] [ ] [ ]  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. |