PMSC AmeriCorps Member Position Information

Organization's Name: _____

Primary Supervisor's **Signature**: _____

Name and Signature of each staff member permitted to sign a timesheet in the absence of the primary supervisor:

Print Name	Signature
1.	
2.	

Member's Service Location:_____

Member's Service Period: Start Date_____ End Date_____

Position Description: (brief bullet points are preferred, attachment if necessary)

*Members do not serve the staff of organizations; they serve the community through direct, visible, and measurable service to individuals, a family or group.

*Service positions should not include clerical work, menial tasks, staff training, administration, research, or other incidental support activities, **unless such activities clearly support the direct service objectives, and the time spent on these activities are not the member's primary responsibility.**

*Members may not raise funds for the cash-match or for general operating expenses. Fundraising is limited to 10% of a member's time.

*Members may not write grants to obtain AmeriCorps or CNCS funding, or for funding provided by any other federal agencies.

*Service should result in a specific, identifiable community service or improvement that otherwise would not have been made with

The PMSC staff will obtain the member's signature at orientation and provide the member with a copy of this form.

AmeriCorps Member

I verify that I have reviewed, understand, and have received a copy of my position description.

_____ _____

Signature Date