The list is a basic overview of your term requirements and should not be used to evaluate the great work you are doing in your community. Please contact your campus supervisor and service sites for your day-to-day requirements.

|  |  |  |
| --- | --- | --- |
| **Background Check Documents** | | |
| ⬜ | Copy of Member’s Government Issued ID | |
| ⬜ | Background Check Acknowledgement Form completed, signed, and dated | |
| ⬜ | State of Iowa Background Check Waiver Form completed, signed, and dated | |
| ⬜ | Federal Background Check Form completed, signed, and dated | |
| ⬜ | FBI fingerprint card completed | |
| **Enrollment Documents** | | |
| ⬜ | Enroll in AmeriCorps by completing the National Service Trust Enrollment Form **(my.AmeriCorps.gov)** | |
| ⬜ | Enroll in the IowaGrants.gov system | |
| ⬜ | Member Contact Information | |
| ⬜ | Member Service Agreement completed, signed, and dated | |
| ⬜ | Position Description(s) | |
| ⬜ | Orientation Agenda signed and dated | |
| **Timesheet Requirements** | | |
| ⬜ | You have not recorded hours prior to your start date | |
| ⬜ | You have not recorded hours after your end date | |
| ⬜ | All timesheets are submitted and approved | |
| ⬜ | You have served at least 300 or 1700 allowable service hours   * IACC suggests at least 330 or 1770 hours should hours be retroactively disallowed | |
| ⬜ | You have recorded at least 1 training hour (preferably more) | |
| ⬜ | You have not exceeded the 10% fundraising hours maximum | |
| ⬜ | You have not exceeded the 20% training hours maximum | |
| ⬜ | You have not recorded more than 12 hours in a single day, 120 hours in a timekeeping period, or 200 hours in a single month | |
| **Performance Measure Requirements** | | |
| ⬜ | You have completed your monthly progress reports (FT members only) https://iacampuscompact.formstack.com/forms/americorps | |
| ⬜ | You have completed your mid-term progress report (PT members only) https://iacampuscompact.formstack.com/forms/americorps | |
| ⬜ | You have submitted your performance measures to your supervisor | |
| ⬜ | You have collected all pre-surveys from your service sites or a plan exists to collect the survey on your behalf | |
| ⬜ | You have collected all post-surveys from your service sites or a plan exists to collect the survey on your behalf | |
| **Early Exit Paperwork (if applicable)** | | |
| ⬜ | You have completed the early exit packet (includes all documents in the exit packet) | |
| ⬜ | If necessary, you have included compelling circumstance documentation | |
| **Exit Paperwork sent to IACC no later than 7 days from your exit date** | | |
| ⬜ | National Trust Exit Form (via my.americorps.gov) | |
| ⬜ | End-of-term progress report (https://iacampuscompact.formstack.com/forms/americorps) | |
| ⬜ | Mid Term Self-evaluation (FT members only) | 🡸  🡸 Iowa Campus Compact **MUST** receive these documents  🡸 in order for you to receive your education award.  🡸  🡸 |
| ⬜ | Mid Term Supervisor evaluation (FT members only) |
| ⬜ | End of Term Self-evaluation |
| ⬜ | End of Term Supervisor evaluation |
| ⬜ | You have completed your Member Training Certification Form | |

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| --- | --- |
| Name |  |
|  | |
| Host Site |  |

AmeriCorps member development is an important goal of ICAP.Without honest feedback, members and site supervisors are unable to make improvements to enhance their performance and their experience. Performance evaluations are intended to be a mutual exchange of information, enabling members to progress toward their optimal performance potential.

I feel that in general I …

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | | Agree | | | Disagree | | | Strongly Disagree | | | NA |
| Professionalism |  | | | | | | | | | | | |
| Was able to serve with limited supervision | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Professionally interacted with students, clients, and/or staff | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Regularly and consistently showed up on time | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Responsibility |  | | | | | | | | | | | |
| Set priorities, anticipated needs, and avoided schedule conflicts | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Followed through on tasks and projects | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Had a high level of attention to detail | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Regularly and consistently complete tasks on time | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Performance |  | | | | | | | | | | | |
| Made significant improvements to programs and/or successfully sustained current programs | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Was able to focus on a specific project or program | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Was genuinely interested in serving at my organization | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |

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| --- | --- | --- |
| Have you met performance requirements communicated both orally and in writing at the beginning of your term of service? | * Yes | * No |
| Have you completed all required service hours? | * Yes | * No |
| Have you satisfactorily completed assignments, tasks, or projects? | * Yes | * No |

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| --- | --- | --- |
|  |  |  |
| Member Signature |  | Date |

|  |  |
| --- | --- |
| Name |  |
|  | |
| Host Site |  |

I feel that in general this ICAP member …

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | | Agree | | | Disagree | | | Strongly Disagree | | | NA |
| Professionalism |  | | | | | | | | | | | |
| Was able to serve with limited supervision | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Professionally interacted with students, clients, and/or staff | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Regularly and consistently showed up on time | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Responsibility |  | | | | | | | | | | | |
| Set priorities, anticipated needs, and avoided schedule conflicts | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Followed through on tasks and projects | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Had a high level of attention to detail | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Regularly and consistently complete tasks on time | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Performance |  | | | | | | | | | | | |
| Made significant improvements to programs and/or successfully sustained current programs | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Was able to focus on a specific project or program | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Was genuinely interested in serving at my organization | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |

|  |  |  |
| --- | --- | --- |
| Has the member met performance requirements communicated both orally and in writing at the beginning of your term of service? | * Yes | * No |
| Has the member completed all required service hours? | * Yes | * No |
| Has this member satisfactorily completed assignments, tasks, or projects? | * Yes | * No |
| An unsatisfactory performance results in the member losing their education award AND being unable to enroll in any future AmeriCorps program, including but not limited to ICAP, AmeriCorps VISTA, AmeriCorps State/National Programs, and NCCC. | | |
| **Reason for unsatisfactory performance, if applicable.** | | |
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|  |  |  |
| Supervisor Signature |  | Date |