



REFUGEE RISE AMERICORPS MEMBER SERVICE AGREEMENT

I, _____, have read through the official RefugeeRISE AmeriCorps Program member
(Member's printed name)
service agreement above including these specific sections.

Member's Initial: _____ I have read through and understand my **term of service and benefits** with my position (p. 1-2)

Member's Initial: _____ I have read through and understand the **expectations** of my service as an AmeriCorps member (p. 3-4)

Member's Initial: _____ I grant permission to AmeriCorps **to take photographs** of me in connection with any AmeriCorps event. I authorize its assigns and transferees to copyright, use and publish the same in print and/or electronically (P. 4)

Member's Initial: _____ The Member acknowledges that their eligibility is contingent upon the organization's review of the **Member's criminal history and sex offender history.** (p. 6)

Member's Initial: _____ I have read through and understand the **Drug Free Workplace and Non-discrimination/non-harassment policies** (p. 6-7)

Member's Initial: _____ I have read through and understand how I am be **released or terminated** from my service as an AmeriCorps member. I also have read through the **grievance policy** (p. 4-6, 9-11)

Member's Initial: _____ I have read through and understand the **prohibited activities** of my service as an AmeriCorps member (p. 7-8)

Member's Initial: _____ I have read through and understand **the position description** of my service as an AmeriCorps member (p. 15)

Member's Initial: _____ I have as member certify that **I have acquired my high school degree or equivalent or am on track to acquire one before using the AmeriCorps Education award**

Degree Held	Mark Appropriate Certification	Institution and Location Where Degree Completed	Date of Completion
High School Diploma			
High School Equivalency Certificate			
Expect to complete high school diploma/equivalency			<i>Include expected date of completion</i>

AmeriCorps Member Signature _____ Date _____

Printed name _____

RefugeeRISE Program Staff Signature _____ Date _____

Printed Name _____



REFUGEE RISE AMERICORPS MEMBER SERVICE AGREEMENT

FOR PARENT OF GUARDIAN OF MEMBERS UNDER 18 YEARS OF AGE:

I, the undersigned parent/guardian of _____ understand the responsibilities and benefits associated with AmeriCorps. I authorize my son/daughter/legal ward to participate in AmeriCorps including educational, training, and service related activities provided by the RefugeeRISE Program.

I authorize the exchange of information between the AmeriCorps sponsor, (*site name*) _____ and the Corporation for National and Community Service which is relevant to successful participation in the AmeriCorps program.

I grant permission for the AmeriCorps sponsor to provide or arrange the necessary medical assistance for my son/daughter/legal ward if I cannot be immediately reached in the event of an accident or illness. I have listed any illnesses, allergies, medical conditions or disabilities that might affect participation in the AmeriCorps program or require medical attention.

Signature

Date