

Notre Dame AmeriCorps Acknowledgement of Understanding

Member Name: _____ Service City: _____

		Member Initials
1.	I understand that I must serve a full term (eleven months) in order to successfully complete the Notre Dame AmeriCorps (NDA) program.	
2.	I understand that I am expected to serve approximately 40 hours per week and must earn a minimum of 900 service hours in order to receive an education award at the end of my term of service. Of these 900 hours of service no more than 20% may be training hours.	
3.	My benefits were explained to me, including stipend, medical coverage, training, and education award.	
4.	I understand that my attendance at bi-weekly member meetings, training activities and service projects is required in order to successfully complete my year of service. Excessive absences at the meetings will be discussed with my Site Director and may result in my termination from the program.	
5.	I understand that I must attend overnight training retreats throughout my term of service.	
6.	I understand that I must work with a team to organize at least one service project during my term of service.	
7.	The NDA time and attendance policy was explained to me. I understand that I do not receive sick leave or vacation leave. I understand that holiday hours, breaks for meals, travel to and from my service site, and prohibited activities cannot be counted toward service hours.	
8.	I understand that, in accordance with Section 504 of the Rehabilitation Act of 1973, I have the right to request reasonable accommodations.	
9.	I understand that completing and turning in member timesheets at the last meeting of each month is my responsibility. I understand that disciplinary action will be taken if I am repeatedly delinquent in turning in my reports.	
10.	I understand that two performance evaluations will be completed by my supervisor during my term of service.	
11.	I understand that I will meet with my Site Director and/or Site Supervisor to discuss my evaluation and my progress toward my learning goals.	
12.	I have read, signed and understand the NDA Member Contract provided to me by my Site Director.	
13.	I was provided with a written copy of the NDA member grievance policy, and the process was explained to me.	
14.	The activities prohibited to AmeriCorps members as outlined in the Member Contract have been explained to me.	
15.	I understand the Rules of Conduct and the possible reasons for release from NDA that are outlined in the Member Contract.	
16.	I have read and understand the Drug-Free Workplace Act as outlined in the Member Contract.	
17.	I understand the Program Rules of Conduct, as detailed in the Member Contract, as well as the steps of Disciplinary Action that may be taken if I am in violation of these rules.	
18.	I understand that I must wear something that identifies me as an AmeriCorps member when I am serving at my site or on a service project.	
19.	I am committed to approaching this AmeriCorps position as a leadership development experience. I will be present, active, and open minded during my term of service.	
20.	I understand that my service with NDA is contingent upon on the results and review of my National Service Criminal History Check.	
21.	I understand that it is not just service hours that signify successful completion, but that other elements of success include: staying for the full term of service, attendance at member meetings and trainings, leading and participating in service projects, and any agency specific expectations.	

Member Signature _____ Date _____