

Member Name: _____ Program Year: _____

Program Name: _____

 **SERVICE SITE DESCRIPTION FORM**

This form can be completed by the Program Director. It can be completed online in BWBRS (follow BWBRS Manual for further information). If you are not using BWBRS to enroll your members, this form must be included in the member's enrollment packet.

1. Service Site Name: _____

2. Service Site Street Address: _____

3. City: _____ 6. State: _____ 7. Zip Code: _____

8. Name of Site Supervisor: _____

9. Title of Site Supervisor: _____

10. Phone: _____ 11. Email: _____

12. Mission of Service Site: *Provide a brief description of site or its mission. 1000 characters max.*

13. Position Title: _____

14. Position Description: *The position description should specify the types of AMERICORPS duties, service activities, and assignments the member will be expected to complete. Only activities that can and will be credited to AmeriCorps time should be presented (e.g. no prohibited activities). **Write in or attach** an AmeriCorps-approved position description for this member. 1300 characters max.*

15. Average Weekly Hours: _____

16. Effective Start Date: _____

17. Expected Population Served:
(Check as many as apply)

- Children (birth to 9 years)
- Youth (10-23 years)
- Adults (24-55 years)
- Seniors (56+ years)

18. Position Description Primary Service Area:
(Check one)

- Education
- Health
- Nutrition
- Social Services/Other Human Needs