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| ***Instructions: Please complete one service position description for EACH member you are requesting, using this template.***  *The service position description is used in the recruitment and matching process. Each service position description must be sent electronically in MS Word format to complete an application.*  *To complete this template you will need to provide information in each of the following sections:*   * *Member Position/Title* * *Host Site Name & Location* * *Organization Description & Mission* * *Member Position Purpose* * *Site Considerations* * *Expected Service Time/Requirements* * *Member Role/Description of Duties* * *The table under the Member Role section* * *Site Orientation and Training* * *Site Member Qualifications* * *NHC Program Director and Site Supervisor Information*   *All instructions (including these) and examples are written in italics and* ***should be deleted before submitting your final position description.*** *Please do not delete any text that is not in italics as this text is intended to remain in the final position description.*  *Please note: You do not have to sign the position description until you are accepted as a host site and we have created a finalized version. Therefore, you may submit your proposed position description as part of your application without signing at the bottom.* |
| **MEMBER POSITION/TITLE** |
| *Please select one of the following position titles: Health Educator, Patient Navigator, Care Coordinator, Case Manager, or Outreach Coordinator* |
| **AMERICORPS PROGRAM** |
| **Program:** National Health Corps  **Location:** Chicago |
| **HOST SITE NAME & LOCATION** |
| *Identify the specific host site location and/or service sites(s) where a member will complete his or her service. Include the full address of the site where this position will be taking place.* |
| **Organization Description & Mission** |
| *Define the broad purposes that the program is aiming to achieve, describe the community the program is designed to serve, and state the values and guiding principles which define its standards* |
| **MEMBER POSITION PURPOSE** |
| *Provide a brief (1-3) sentences) summary of the purpose of member service by outlining the duties and responsibilities of the member and how this role connects within the organization.* |
| **MEMBER TERM OF SERVICE** |
| This is a full-time AmeriCorps national direct service position. To fulfill this position, the member will:   * complete a minimum of **1,700** hours of service during this period. A maximum of 20% of these hours may be in training and a maximum 10% of these hours may be for pre-approved fundraising activities. * understands that in order to successfully complete the term of service (as defined by the Program and consistent with regulations of the Corporation for National & Community Service) and to be eligible for the education award, he/she must:   1. Serve a minimum of 1,700 hours   2. Satisfactorily complete Pre-Service Orientation (PSO)   3. Satisfactorily complete service assignments as defined in the member position description and determined by the NHC Program Site. |
| **Site Considerations** |
| **Is the site accessible via public transportation (if yes, what line/route)?:** *Please answer* |
| **Does this position require a personal vehicle?**  *Please answer* |
| **How will your organization reimburse the member for transportation costs?**  *Please answer* |
| **Organization dress code:** *Please answer* |
| **EXPECTED SERVICE TIME REQUIREMENTS/SCHEDULE** |
| * *Include the days and hours of the week that the member will be expected to serve most commonly while in the position. When determining hours, please account for the fact that members need to be able to serve 8 hour days not including a 30 minute lunch break in order to successfully complete their hours requirement.* * *Please describe how service schedule accounts for holidays and other time off, and will provide the member with sufficient opportunity to make up missed hours.* |
| **Member Role/DESCRIPTOIN OF DUTIES:** |
| * *Describe the specific program(s), project(s), or initiative(s) that the member will serve with.* * *Provide a brief summary of the purpose of member service by outlining the duties and responsibilities of the member and how this role connects within the organization.* * *What will the member’s specific role be with this program/project/initiative?* * *How will the member’s primary activities align with the NHC’s mission and performance measures?* * *Clearly define how member activities will not duplicate and/or displace existing staff, volunteers or interns’ duties at site.* * *Clearly ensure that the position description activities do not put member(s) at risk for exceeding the limitations on allowable fundraising activity as outlined in requirements of 45 CFR §§ 2520.40-.45?* [*https://www.nationalservice.gov/pdf/45CFR\_chapterXXV.pdf*](https://www.nationalservice.gov/pdf/45CFR_chapterXXV.pdf) * *Confirm that the member in this position will receive no more training than 20 percent of the aggregate of the total member service hours as outlined in requirements of 45 CFR §2520.50?* [*https://www.nationalservice.gov/pdf/45CFR\_chapterXXV.pdf*](https://www.nationalservice.gov/pdf/45CFR_chapterXXV.pdf) * *Clearly confirm that the member position activities follows the requirements related to supplementation, duplication or displacement of staff as outlined in 45 CFR §2540.100 (e) – (f).* [*http://www.ecfr.gov/cgi-bin/text-idx?SID=62ef430e421c0b565f20975d1a1906e5&node=pt45.4.2540&rgn=div5%23sp45.4.2540.b#se45.4.2540\_1100*](http://www.ecfr.gov/cgi-bin/text-idx?SID=62ef430e421c0b565f20975d1a1906e5&node=pt45.4.2540&rgn=div5%23sp45.4.2540.b#se45.4.2540_1100) * *Clearly confirm that a member will not be conducting AmeriCorps prohibited activities as outlined in 45 CFR §2520.65?*   [*https://www.nationalservice.gov/pdf/45CFR\_chapterXXV.pdf*](https://www.nationalservice.gov/pdf/45CFR_chapterXXV.pdf)   * *Clearly describe recurring access to vulnerable populations as outlined in 45 CFR §2510.20*   [*https://www.nationalservice.gov/sites/default/files/documents/fy13\_12\_1005\_48.pdf*](https://www.nationalservice.gov/sites/default/files/documents/fy13_12_1005_48.pdf) |

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| **Program, Project, or Initiative Name**  ***(include % time over term member will spend with this program)*** | **Member Activities and purpose of service**  **(List the key activities the member will be responsible for, for each program/project listed)** | **Member Outputs (How many classes, workshops, clients, patients etc. will the member conduct/serve under each activity)** | **NHC Performance MEASURE(S) AND Alighnment with NHC Mission this activity falls under *(if any)*.** |
| ***Instructions:*** *Please complete this table to detail the service activities that an NHC member would be responsible for at your organization. For detailed instructions, please refer to page 14 of the RFP. The first row is provided as an example. Please delete this instruction row, the example row, and any empty rows before submitting your final position description. Feel free to add more rows, if necessary.* | | | |
| *Nutrition Education Program**(60%)* | * *Member will recruit students for classes on basic nutrition* * *Member will update an existing nutrition curriculum to teach to students* * *Member will teach nutrition classes to students* | *Member will teach 15 classes reaching* | *Health Education* |
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| **SITE ORIENTATION AND TRAINING** | | | |
| * *Briefly describe the orientation process at the site for members* * *Identify the professional, personal, or service-related member development activities and training that a member might engage in during and in addition to his or her service*. | | | |
| **MEMBER BENEFITS** | | | |
| The member in this position will receive from the NHC program the following benefits:     1. **Living Allowance** in the amount of **$12,630.00**:    1. The living allowance is t taxable, and taxes will be deducted directly from the living allowance.    2. The living allowance is not a wage. It is intended to provide for expenses a member incurs while actively serving and is not linked to the number of hours a member serves. A member who completes his/her term of service early or will receive the portion of the living allowance that would be provided for that period of participation under the program’s living allowance distribution policy (a member who leaves in the first week (or first ½) of a pay period receives ½ a stipend; a member who leaves early in the second week (or second ½) of a pay period receives a full stipend). Members who end their service early will not be eligible for the remaining amount of their living allowance, either in “lump sum” or incremental payments. A member may not receive a living allowance if they are suspended by the program. 2. **Health Insurance**. If a full‑time member is not currently covered by a health insurance program or loses coverage due to participation in the Program, they are eligible to receive limited health insurance through the program where they serve. Insurance coverage for full-time members begins after mandatory documentation is received and processed. Member insurance coverage does not cover family members and dependents. 3. **Child Care:** Child care subsidy, paid directly to the child care provider by a CNCS benefits administrator, GAP Solutions, is available to members who qualify. GAP Solutions distributes this allowance evenly over the term of service on a monthly basis. Members are responsible for locating their own child care providers. The amount of the child care subsidy that the member may be eligible for varies by state and may not cover the full cost of child care. 4. **Education Award.** Upon successful completion of the member’s term of service, the member may be eligible to receive an education award from the National Service Trust. For successful completion of a full-time term (minimum of 1,700 hours), the member will receive a $5,815 Education Award. The member understands that he/she may not receive more than the amount equal to the total value of two education awards for full-time service from the National Service Trust, regardless of the stream of service in which the member serves. 5. **Loan Forbearance Interest:** If the member has received forbearance on a qualified student loan during the term of service, and the member successfully completes the term of service, the National Service Trust will repay a portion or all of the interest that accrued on the loan during the term of service. After a member is enrolled in e-grants by the Program Director, they may use the CNCS web-based system to apply for loan forbearance. The NHC is not responsible for following through with private lenders. | | | |
| **MINIMUM NHC MEMBER QUALIFICATIONS** | | | |
| In order to be eligible to serve in this position and in the NHC Program, a person must meet the following requirements:   1. Must be at least 18 years of age by the time training begins; 2. Must be a United States citizen or National or have a permanent resident visa; 3. Must have a high school diploma or an equivalency certificate (or agree to obtain a high school diploma or its equivalent before using an education award) and must not have dropped out of elementary or secondary school in order to enroll as an AmeriCorps member (unless enrolled in an institution of higher education on an ability to benefit basis and is considered eligible for funds under section 484 of the Higher Education Act of 1965, 20 U.S.C. 1091), or who has been determined through an independent assessment conducted by the Program to be incapable of obtaining a high school diploma or its equivalent; 4. Must have complied with all CNCS required criminal history checks including 1) a State Criminal Registry Check of the CNCS designated repository in both the state in which the program operates and the state in which the member resided at the time they applied to the program; 2) a nationwide fingerprint based FBI background check; and 3) a Department of Justice National Sex Offender Registry Check. The member understands that if the results of the required criminal history checks reveal that they are subject to a state sex offender registration requirement and/or have been convicted of homicide (1st, 2nd or 3rd degree) they will be **ineligible** to serve in the Program. The member also understands they will have the opportunity to review and dispute the findings from the criminal history check. 5. Must submit valid forms of documentation to prove date of birth and citizenship/naturalization/resident alien status and must have a valid government issued photo identification; 6. Must disclose any history of having been released from another AmeriCorps program; failure to do so will render one ineligible to receive the education award; 7. Must submit evidence that they successfully completed any previous AmeriCorps terms, if applicable; 8. Must furnish all other documentation deemed appropriate by the program and host service site. | | | |
| **SITE MEMBER QUALIFICATIONS** | | | |
| * *Please describe the traits that will help a member succeed in this position (e.g. outgoing, analytical, patient, good with children).* * *Please list the minimum qualifications, training, or experience required to be successful in the position).* * *Please list the skills and/or experience that will help a member succeed in this position (e.g. customer service, language skills).* | | | |
| **EVALUATION AND REPORTING** | | | |
| All NHC member will be given written performance review by both their host site supervisor and NHC Program Director at the mid-term and end of their term of serve. These performance reviews will be, based on the member’s performance at their host site and their participation in National Health Corps responsibilities such as member trainings, committees and group service projects. If a member disagrees with any aspect of their performance review, they can indicate that on the review and they may appeal to the Program Director in writing, according to the grievance procedure. NHC members will be evaluated according to the following criteria:   1. Whether the member has satisfactorily completed service assignments, tasks or projects; 2. Whether the participant has met any other performance criteria which has been clearly communicated both orally and in writing at the beginning of the term of service; 3. The member’s ability to establish and maintain positive interpersonal relationships and whether they participated in NHC activities;      1. Whether the participant has completed or is on track to complete the required number of hours outlined in their member contract to complete their term of service. | | | |
| **EMPLOYMENT STATUS OF AMERICORPS MEMBERS IN THIS POSITION** | | | |
| For guidance related to the employment status of AmeriCorps members please refer to the below link:  <http://www.nationalservice.gov/documents/main-menu/2015/frequently-referenced-resources-about-employment-status-americorps-members> | | | |
| **AMERICORPS BRANDING AND MESSAGING** | | | |
| For guidance on AmeriCorps branding and messaging, please refer to the below link:  <http://www.nationalservice.gov/documents/americorps-state-and-national/2015/americorps-branding-and-messaging-guidance> | | | |
| **NHC PROGRAM DIRECTOR AND SITE SUPERVISOR INFORMATION** | | | |
| Caitlin Stack  Program Director, National Health Corps Chicago  [caitlin.stack@phimc.org](mailto:caitlin.stack@phimc.org)  (p): (312)629-2988 ext. 118  (c): (312)543-1645  (f): (312)629-5251  *Provide the name, job, title and contact information of the members’ host site supervisor* | | | |
| **SIGNATURES** | | | |
| *Please note: You do not have to sign the position description until you are accepted as a host site and we have created a finalized version. Therefore, you may submit your proposed position description as part of your application without signing below.*  By signing below, you acknowledge that you have read and understand the contents of this position description | | | |
| **Host Site Supervisor Full Name (Print):**  **Host Site Supervisor Signature: Date:**  **AmeriCorps NHC Member Full Name (Print as listed on formal documentation):**  **AmeriCorps NHC Member Signature: Date:** | | | |
| By signing below, you acknowledge that this position description was finalized/approved by the NHC Operating Site Director: | | | |
| **NHC Operating Site Director Full Name (Print):** Caitlin Stack  **NHC Operating Site Director Signature: Date:** | | | |