2016-2017 Host Site Application

National Health Corps Florida AmeriCorps Program

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| **Organizational Information** | | | | | | |
| Organization Name | |  | | | | |
| Mailing Address | |  | | | | |
| City | |  | | | Zip |  |
| Phone | |  | | | Fax |  |
| Director Site Supervisor Information | | | | | | |
| Name |  | | | | | |
| Position |  | | | | | |
| Phone |  | | | | email |  |
| Will this person be the contact throughout the interview & matching process? | | | | | | Yes  No |
| If no, please provide the Contact Information | | | | | |  |
| Contact Name | | |  | | | |
| Contact Position | | |  | | | |
| Contact Phone | | |  | | | |
| Contact email | | |  | | | |
|  | | | | | | |
| Organization Mission | | |  | | | |
| Type of organization | | | 501c(3)  Government  Other/describe: | | | |
| Scope of organization | | | National  State  Citywide  Neighborhood | | | |
| How did you hear about Health Corps?  staff  E-mail  Host Site  Current/former \_\_\_ member  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Has your organization hosted a Health Corps member in the past?  Yes  No | | | | | | |
| # of members requested | | | |  | | |
| **Organizational Infrastructure** | | | | | | |
| Host sites need to provide a space for members to perform their service activities and a computer with internet access to complete their timesheets & service logs. Check all of the following that your organization will provide to a NHC Member to fulfill their service activities.  desk  computer  phone  internet access  printer access  photo copier access  E-mail account  member’s own working space or office | | | | | | |
| **What need does your organization or community have that a NHC member can address? Please include current data to support this need.** | | | | | | |
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| **What will the member’s role be in addressing the need listed above? How does this role align with the NHC’s mission and performance measures?** | | | | | | |
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| **How will you ensure that your member’s position does not duplicate or displace an existing employee or position?** | | | | | | |
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| **Host site supervisors are expected to supervise as well as mentor members and support their career and professional skills development. What will the organization and the site supervisor do to promote the members’ professional development?** | | | | | | |
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| **Please describe the skills and qualifications of the designated site supervisor to serve as a National Health Corps member site supervisor/mentor?** | | | | | | |
|  | | | | | | |
| **Describe in detail your plan for supervising & mentoring members, and how it ensures that members will receive adequate support, feedback and guidance throughout their term:** | | | | | | |
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| **Should the site supervisor change during the year, what is your organization’s plan to orient the new site supervisor to the member and the National Health Corps program?** | | | | | | |
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| **Who are the key people at your agency the member needs to know & how will they be introduced?** | | | | | | |
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| **How will you inform your staff about the role the member will be performing at your site?** | | | | | | |
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| **Current Host Sites Only:  If you were not able to retain your member(s) during your last year of program operation, provide an explanation, and describe your plan for improvement.** | | | | | | |
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**Read and initial to agree to your organization’s commitment to the following:**

* Participate in the recruitment and member matching process by scheduling & conducting member interviews in a timely fashion
* Attend quarterly Host Site Supervisor meetings during the program year
* Provide direct supervision & member support throughout the term of the program including weekly meetings with your member
* Provide training to members to support them in successfully completing their service activities
* Provide growth and learning opportunities for the member
* Complete all required paperwork for the member and the program including reviewing & approving member timesheets/service logs and completing a mid & end of term performance review
* Provide the member with an extensive orientation to their service activities during the first month of service and provide ongoing training as necessary to allow the member to successfully complete the tasks described in their position description
* The NHC member, though providing service rather than work, will be treated with the same respect of a staff member of the organization.
* The NHC member will not be asked to do things beyond their position description unless discussed and approved by the NHC Program Director.
* The NHC member will not be asked to do administrative tasks beyond their position description
* The NHC member will not be asked to engage in prohibited member activities

**\_\_\_\_\_ Host Site Supervisor Initials, confirming you have read, understand and agree to bulleted points above**

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| **Signatures of approval** | | | |
| By signing below, you acknowledge that you have read and understand the contents of this document, as well as the application for host site designation. In addition, you are affirming that you have given consideration to the goals and guidelines of the NHC, and have designed this description to alight with those program goals and guidelines. | | | |
| Host Site Supervisor Signature |  | Date |  |
| Host Site Supervisor Name |  |  |  |
| Agency Exec Director Signature |  | Date |  |
| Agency Exec Director Name |  |  |  |

**Please email completed applications to jlarramore@nefhsc.org by 5pm on February 16, 2016**

*\*\*Host sites* ***must*** *email a Word version of the application and member position description with a pdf of the signature page of the application with a handwritten signature. Electronic signatures are not accepted.*