



## Member On-Site Orientation Checklist

Please complete and return this form to VHCB AmeriCorps by **September 29<sup>th</sup>, 2023**

Member Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

A thorough orientation to the host site is crucial for setting the tone of the member's service year, and helps the supervisor more accurately assess the training needs of the new member in order to increase their skills, competence, and expertise. At the end of the on-site orientation, members should have a basic knowledge or understanding of the following:

- Background, purpose, structure, and policies of the host site organization.
- Background of community and the population served by the VHCB AmeriCorps project.
- Potential resources that can be applied to achieve project goals.
- Specific member assignments and skills needed to accomplish tasks.
- Specific goals and purpose of AmeriCorps Member position at the host site organization.

### Onsite Orientation Checklist

**Member should initial each item once completed. Both member and supervisor should Sign at bottom once all items have been reviewed, and then return to VHCB AmeriCorps.**

\_\_\_\_\_ The member's position description has been reviewed and member and supervisor have strategized an initial service plan. The member has been set up the for successful completion of first tasks with deadlines, including an order of priorities.

\_\_\_\_\_ Expectations and protocols around punctuality, calling-in late/sick, breaks, personnel policies, drug-free workplace, requesting time off, dress code, etc., have been reviewed.

\_\_\_\_\_ Any organizational practices or policies that will apply to the member have been covered.

\_\_\_\_\_ The member is aware of what to do in the case of a fire or emergency, knows the evacuation procedure, and has any safety training and/or gear necessary for the position.

\_\_\_\_\_ Confidentiality practices and how sensitive information is communicated at the host site has been reviewed.

\_\_\_\_\_ A regular check-in time for feedback, discussing issues, and planning (2-way; minimum of 15 minutes per week) has been established.

*When will the meeting take place:* \_\_\_\_\_

\_\_\_\_\_ The VHCB AC Teleservice policy has been reviewed (p. 62 of Member Handbook). If regularly scheduled teleservice will be taking place, provide details below:

\_\_\_\_\_



# VHCB AmeriCorps

- \_\_\_\_\_ A system for regular review of timesheets has been established.
  - \_\_\_\_\_ Member has been made aware of office procedures for mileage and expense reimbursement.
  - \_\_\_\_\_ Member has been informed on practices for accessing, acquiring, and re-ordering supplies, etc.
  - \_\_\_\_\_ Member has been provided with materials about the mission/vision, goals and objectives of the nonprofit where the member will be serving (annual reports/brochures, website, etc.).
  - \_\_\_\_\_ Member has been introduced to all staff, their role/position, as well as how the member might interface with them, and contact information.
  - \_\_\_\_\_ Member has been given a tour of the site, including common areas, supplies, copier, fax, postage, first aid, kitchen, storage space, etc., supplying directions for the use of all equipment.
  - \_\_\_\_\_ Reasonable special accommodations needed are supplied. (Members should not feel compelled to disclose health or other conditions; that is a voluntary decision and action on their part.)
  - \_\_\_\_\_ All known VHCB AmeriCorps training & events dates have been blocked out on the calendar.
  - \_\_\_\_\_ Other information about the community or assignment/project that is relevant has been shared.
  - \_\_\_\_\_ Member has taken the online Mandated Reporter training session through the Vermont Department of children and families, **and attached the certificate of completion to this form.** *Returning Members must complete this required training every program year.*
- The webinar can be accessed at <https://goto.webcasts.com/starthere.jsp?ei=1087433>
- \_\_\_\_\_ Member has taken the online On3Learn course: “Prohibited, Unallowable, and Allowable Activities” **and attached the certificate of completion to this form.** (Instructions on how to access course sent via email)

\_\_\_\_\_  
Member signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor signature

\_\_\_\_\_  
Date

**Serve. Experience. Lead**