

# UCAN Serve AmeriCorps

## Service Summary and Site Supervisor Verification Form

NAME .....

UCAN SERVE PARTICIPATING CAMPUS .....

SERVICE SITE (LIST NONPROFIT OR GOVERNMENT AGENCY) .....

Goal Area: (circle one) Education      Public Health & Safety      Community Strengthening

**EDUCATION** K-12 public school, early childhood center, extended-day academic enrichment program, America Reads/Counts, tutoring, mentoring.

**PUBLIC HEALTH & SAFETY** fire department, police department, EMT, hospital, community health center, hospice, rehabilitation center, mental health center, jail.

**COMMUNITY STRENGTHENING** social services, faith-based organization, recreation program, economic development agency, cultural organization, government agency, human needs program, other nonprofit organization.

Summary of your community-based project(s). This form may be completed before or after you meet with your service site. Please write a brief description of what you will accomplish during your term of service, the constituency group(s) you will serve, and the community need of your project. Please also include the community need, and the community benefit of your service project.

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### To be completed by Site Supervisor

NAME ..... TITLE .....

ADDRESS .....

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WORK PHONE ..... EMAIL .....

I agree to serve as the supervisor/sponsor for .....  
for his/her AmeriCorps Education Award. (member name)

SITE SUPERVISOR SIGNATURE ..... DATE: .....

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# UCAN Serve AmeriCorps

## Pre-Service Reflections

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Please answer the following guiding questions.

What motivates you to pursue this term of service in UCAN Serve AmeriCorps?

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How does your participation in UCAN Serve AmeriCorps relate to your professional/personal goals?

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In what ways do your professional/personal goals support lifelong involvement in your community?

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MEMBER NAME .....