



Member: _____

Host Site: _____

Marshfield Clinic Health System AmeriCorps Host Site Orientation Checklist

Host site orientation following the MCHS AmeriCorps orientation is the next critical step in the success of your member. Providing your member with a local host site orientation helps the member to understand their role, where to go for assistance, how to use the phone or access the computer system. Please check, complete and sign when done. Attach your organization chart.

Member service plan:

- Provide and review copy of Member Service Plan; complete if necessary
- Schedule a weekly face-to-face meeting time: _____

Expectations:

- What the member expects from his/her year of service
- Site supervisor expectations of the member, provide with a written position description
- Work hours: How time will be scheduled, telework, seeking approval for changes in schedule
- Maintaining an electronic calendar
- Training/staff development opportunities that are available via conferences, workshops, etc.
- Other related issues (list) _____

Site tour:

- Provide host site tour
- Provide information including
 - Location of Workstation -where member has access to computer, phone, etc.
 - How to use copier, fax machine, scanner, etc.
 - How to order/check out supplies
 - How to gain entrance to building (key codes, etc.)
 - Parking
- Introduce member to host site staff; provide with an organizational chart
- Introduce members to school staff (Afterschool)
- Introduce member to agency partners they may work with (newsletter article, email note, face to face introductions)

Office policies and procedures:

The host site supervisor should make sure the member understands that although he/she is not an employee, there are office policies and procedures that he/she will need to follow such as:

- Appropriate dress and appearance
Members are provided with minimal service gear but should be required to wear their AmeriCorps name badge daily. AmeriCorps members should not be required to wear costly clothing unless provided by the site or member agreed to this expenditure in advance.
- Expectations regarding issues such as language, cell phone use, smoking, etc.
- Driving expectations during service; any possible reimbursement available through host site
- Policy for scheduling vacation and notification of illness.
- Other policies and procedures (list) _____

Please sign and return to Shelly Kaiser, communityhealth@marshfieldclinic.org by September 20, 2019.

Member Signature _____ Date _____

Host Site Supervisor Signature _____ Date _____