

**ServeOhio**  
**Program Self-Assessment**

**Program Name:** [Click here to enter text.](#)

**Date:** [Click here to enter a date.](#)

**Number of Years of AmeriCorps Funding:** [Click here to enter text.](#)

**Current Funding Cycle (check):** Year     1     2     3

**Program Start Date:** [Click here to enter a date.](#)

**Program End Date:** [Click here to enter a date.](#)

**Member Start Date:** [Click here to enter a date.](#)

**Member End Date:** [Click here to enter a date.](#)

In an effort for the ServeOhio's Program Team to best serve your program, please complete the following self-assessment concerning your capacity to develop and support a high-quality AmeriCorps program. The assessment will highlight strengths of your program as well as areas requiring targeted support and resources. Please complete and return to **AmeriCorps Compliance Officer**.

**MEMBER RECRUITMENT**

**Describe your Member Recruitment Plan and Timeline (please address how you plan to strengthen diversity):**

**TRAINING**

Please **attach** your training plan/calendar for the 2013-2014 program year. How do you identify and select training topics and facilitators?

**MEMBER MANAGEMENT**

Please **attach** the member contract for the 2013-14 program year. Please ensure that all contract requirements are in this document.

Please **attach** the member position description(s) for the 2013-14 program year. Be sure to include at what site(s) the position will serve.

**Number of Member Placement Sites** [Click here to enter text.](#)

**Number of Site Supervisors please indicate if they included in the grant** [Click here to enter text.](#)

**How often are members visited by Program Staff on site?**

Weekly    Bi-Weekly    Monthly    Quarterly

**Provide examples of other contacts between program Staff and Members:**

**How are Site Supervisors trained by Program Staff? Please attach the Host Site Agreement for the 2013-14 program year. Please state N/A if not applicable, and explain.**

**Briefly Describe Volunteer Recruitment/ Management Plan for your program? Please attach the Volunteer Log.**

**ADMINISTRATIVE**

**Leadership Involvement of organization with AmeriCorps , please explain. (Executive Director, Advisory Board, etc.)**

Program Director's Name: [Click here to enter text.](#)

Program Director's years of experience with National Service: [Click here to enter text.](#)

Program Director's years of experience with AmeriCorps: [Click here to enter text.](#)

Program Director's years of experience with this program: [Click here to enter text.](#)

Legal applicant (organization) years of experience with National Service: [Click here to enter text.](#)

Legal applicant (organization) years of experience with AmeriCorps: [Click here to enter text.](#)

Legal applicant (organization) years of experience with this program: [Click here to enter text.](#)

Number of program staff supporting (working on) this grant program: [Click here to enter text.](#)

Number of those program staff that are new this year: [Click here to enter text.](#)

**Please list any program staff changes over the past 12 months.**

Have you received any Notice of Non-Compliance from the Ohio Commission on Service and Volunteerism over the past 12 months?

Yes       No

If so, what changes/corrections have you implemented?

Please list staff names/titles, and email address that you want on our distribution list.

**Prepared By:** [Click here to enter text.](#)

**Role within the Organization:** [Click here to enter text.](#)

**Date:** [Click here to enter a date.](#)

**Please complete form and include attachments to AmeriCorps Compliance Officer.**