



Change a Heart: Franciscan Volunteer Program

Agency Site Application

This application provides a general overview of the partnership between Change a Heart: Franciscan Volunteer Program and its agency sites. Completion of this is not a guarantee of a member placement.

Date: _____

Agency Name: _____

Contact Person Name: _____

Contact Person Position: _____

Agency Address: _____

Phone: _____ Fax: _____ Website: _____

Email: _____

1. Mission of your organization:

2. What program or department would a member be placed within your agency? What are the general objectives of the department/program in which the member would work?

3. List the general position duties (if available, you may attach a position description).

4. Would the position be during weekday and workday hours? ____ If not, please describe.

5. Over the course of the year, estimate the approximate percentage of time a member's position will be divided among the following:
 - ___ Direct, in-person service to clients
 - ___ Advocacy
 - ___ Direct phone contact with clients
 - ___ Office/Administrative work
 - ___ Teaching or public education
 - ___ Other. Please describe: _____



Change a Heart: Franciscan Volunteer Program

6. Does a member need to operate a motorized vehicle for the position? If so, will the organization provide a vehicle, or will the member need to provide a vehicle in order to perform this position? If the member has to provide the vehicle, does the organization provide reimbursement for mileage?
7. Who would supervise the member? What is this person's title? Will they need orientation to what the Change a Heart program is about?
8. Our program offers members an AmeriCorps Education Award. This will require a supervisor to sign weekly timesheets (perhaps in addition to that required already by your site), a mid-year and end-of-year evaluation, and to have an AmeriCorps sign present on site. Change a Heart staff will gladly provide orientation to these rules. Will this present any problems for your program?
9. Can your organization commit to an annual expense of approximately \$11,000, a monthly payment of \$1,000, to support the cost of the member? Please explain.
10. Time off is required for five scheduled retreats throughout the year for the member. Members will notify their supervisor well in advance with the specific dates. Is this acceptable to your organization?

If we have a member placed with our organization, I understand the following:

- The member will start on August 29, 2009, with an intended final working date of July 30, 2010;
- The member will be supervised by our organization, but any significant problems in work performance will be brought to the attention of the program;
- Our organization will pay the salary of \$11,000, or \$1,000 a month beginning September and ending the following July, for a member.
- I have read and understand the agency site criterion.

Signature

Date

**Send an agency brochure, annual report and position description
for member along with this completed form to:**

Change a Heart: Franciscan Volunteer Program
Kelly T. Caddy, Director
146 Hawthorne Road, Pittsburgh, PA 15209