

## 2022-2023 Site Application

Organization: \_\_\_\_\_

Your Name and Title: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Site Facebook Page: \_\_\_\_\_ Site Twitter: \_\_\_\_\_

1. Has your organization ever had an AmeriCorps member? \_\_\_ Yes \_\_\_ No
2. If yes, how many AmeriCorps members did you have and during what program year(s)?  
\_\_\_\_\_

3. Did your member(s) successfully complete their full term of service? \_\_\_ Yes \_\_\_ No

4. If no, why did they leave the program?  
\_\_\_\_\_  
\_\_\_\_\_

5. NUMBER of AmeriCorps positions your organization requesting from each Corps?

\_\_\_ Healthy Futures Corps (Members Assisting with Drug Prevention)

\_\_\_ Economic Opportunity Corps (Financial Education Members)

\_\_\_ Vet Corps (Members Serving Veterans)

6. How will your AmeriCorps member help fulfill your organization’s Mission?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What will the member’s normal service hours be? (i.e., M-F 8am-4pm)  
\_\_\_\_\_

### ***GETTING THINGS DONE IN WEST VIRGINIA.***

8. Will the member be required to serve on weekends?

Yes       No       Occasionally

9. Where will the member(s) be located? \_\_\_\_\_  
\_\_\_\_\_

10. LifeBridge AmeriCorps members must have access to a workspace, telephone, fax machine and a computer with internet. Do you have these resources? \_\_\_ Yes \_\_\_ No.

If no, please explain how you will fulfill this requirement before the member begins serving.

\_\_\_\_\_  
\_\_\_\_\_

11. LifeBridge AmeriCorps will provide the AmeriCorps member with an orientation and specialized training throughout the year. What additional training may be available to the member through your organization?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Each AmeriCorps member sponsorship requires a \***non-refundable** cash match of \$5,200. Will your organization be able to pay the \$5,200? \_\_\_ Yes \_\_\_ No.

\*Please note: Once your organization is awarded a member the \$5,200 match will be required whether or not you obtain a member or if the member leaves service early.

**Please complete a service description, for each member your organization is requesting, outlining the duties your organization needs the member to perform. Every site application must include the application, service description(s) and signed certification in order for the site to be considered for member placement.**



## Certifications

The LifeBridge AmeriCorps Site Application and Service Description must be certified with your signature. Please read the following statements carefully before signing.

I agree that the LifeBridge AmeriCorps member will not be assigned to perform an employee's duties or otherwise displace an employee or fill the position of an employee that has recently resigned or been discharged.

I understand that there is a required cash contribution of **\$5,200 per member**. This contribution provides match and general support for the grant and is non-refundable.

I understand that if our site is awarded a member, the site is responsible for the \$5,200 match even if the site is unable to obtain a member

I understand that if a member is placed at the site and he or she does not finish his or her term of service, for any reason, the site is still responsible for the full amount of the financial match.

I certify that our organization agrees to the program requirements and that all of the statements made in this application are true, correct and complete to the best of my knowledge, and are made in good faith. I understand that all information provided herein will be used to process my application for acceptance as a LifeBridge AmeriCorps host site.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please print name and title:** \_\_\_\_\_

Please mail or email applications to:

Darnitta Elswick  
LifeBridge AmeriCorps Director  
One United Way Square  
Charleston, WV 25301  
[delswick@unitedwaycwv.org](mailto:delswick@unitedwaycwv.org)

If you have any questions, please contact:

Darnitta Elswick at 304-340-3593 or [delswick@unitedwaycwv.org](mailto:delswick@unitedwaycwv.org)

***Please complete the attach member service description outlining the duties your organization needs the AmeriCorps member to perform. Site Applications MUST include a separate member service description for each AmeriCorps member requested. Applications without member service descriptions will not be considered.***

Thank you for your interest!