

Form Name:	2020-2021 Intermountain AmeriCorps Host Site Application
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Applicant Information

Organization Name	SkillSource
Primary Contact's Name	Susan Adams
Address	233 N Chelan Ave Wenatchee, WA 98801
Primary Contact's Phone Number	(509) 663-3091
Primary Contact's Email Address	susana@skillsource.org

AmeriCorps Member Details

Location Member(s) Will Be Serving	Chelan County
Type of Member Requested	Both
Number of Full-time Members Requested	1
Number of Part-time Members Requested	1

Application Narrative

Host Site Overview	SkillSource builds workforce skills with business and one-stop partners to increase economic prosperity throughout North Central Washington and the Columbia Basin. SkillSource guides at-risk youth to succeed in school and the workforce through their partnerships with Wenatchee School District, Wenatchee Valley College, and North Central Workforce Council.
Summary of Member Duties	The AmeriCorps members will assist disadvantaged students in the classroom through academic tutoring and mentoring to increase student competency in math and language arts skills to obtain HSE. Members will also work with partners to facilitate work-based learning opportunities in the community including resource management.

Summary of Member Skills

- Routinely refer to Member Service Agreement requirements
- Developing lesson plans and curriculum under the guidance of certified instructors
- Assisting students with coursework
- Instructing students in basic and vocational skills
- Provide assistance to instructors and trainers with guiding and counseling students
- Developing and participating in community projects
- Complete and submit all necessary IMAC/AmeriCorps paperwork and reports in a timely manner
- Attend and complete all IMAC/AmeriCorps training and service requirements including orientation, trainings, team meetings and national service days
- Wear IMAC/AmeriCorps appropriate identifiers while performing service

Volunteer Opportunity Posting

The Americorps Members will participate in the recruitment and support of volunteers who will further the goals of the AmeriCorps project. Members will oversee the volunteer activities of the AmeriCorps project to ensure that the activities are allowable and not prohibited.

Provide details of two required site-specific trainings you will provide for your member(s).

CASAS internet basic skills assessment application and Oddessyware internet learning application that is used in classroom. Training is provided online for CASAS and one on one by their supervisor. Oddessyware training will be provided one on one in classroom by instructors and utilizing online tutorials.

Recruitment Support

Please list three strategies your organization plans to implement to assist in recruiting.

SkillSource will post openings on social media and with local partners.

Staff will outreach to colleges, friends, and family to recruit members.

SkillSource will contact colleges with position postings.

Please identify the staff person who will support in the recruiting process.

Susan Adams

Contract Details

Resources Provided for Member	Telephone/Voicemail Computer Work Space Agency Email Internet Connectivity
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If the AmeriCorps member is asked to travel, is your organization prepared to provide mileage reimbursement or another option for travel?	Yes
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I have reviewed and acknowledge the prohibitive activities, located in the Guidance included with this application, for AmeriCorps members.	Yes
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Please provide a brief description of your plan to orient the member(s) to your site, community and service.	SkillSource provides a 3-week training outline to guide in training new Members. Additionally, multiple staff will assist in providing training, including outreach to our community partner agencies.
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Does your organization agree to provide the necessary data to the AmeriCorps member and Chelan Douglas Community Action Council?	Yes
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Are employees of the your organization represented by a labor union?	No
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Is any portion of the Member Placement Fee being paid by Federal funds?	No
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Does your organization agree to provide the necessary support the member needs in their recruitment of volunteer efforts?	Yes
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Does your organization agree to pay the match cost of the member(s) requested?	Yes
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Does your organization acknowledge the deposit agreement listed above? Please send a check to CDCAC, 620 Lewis Street, Wenatchee, WA 98802 upon the submission of this application. Please note the checks purpose as IMAC DEPOSIT.	Yes
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**By signing below, you acknowledge
having read the Application Quick
Guide and Program Details before
submitting this application for review.**

A handwritten signature in black ink, featuring a large, stylized loop and a long horizontal stroke extending to the right, positioned above a solid horizontal line.