# FRYSC Youth Service Corps Partner Site Continuation Request – 2020



**Deadline: April 3, 2020**

**Please inform FRYSC Corps immediately if you must change or withdraw this request.**

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| **FRYSC Site Name:**  | *Click or tap here to enter text.* |
| **FRYSC Physical Address:**  | *Click or tap here to enter text.*  | *State* | *Zip Code* |
| **FRYSC Mailing Address (if different):**  | *Click or tap here to enter text.* | *State* | *Zip Code* |
| **FRYSC phone:** | *Click or tap here to enter text.* |
| **Primary Contact Name & Email:** | *Click or tap here to enter text.* |
| **School Name and District:** | *Click or tap here to enter text.* |
| **Grades Served:** | *Click or tap here to enter text.* |
| **FRYSC Coordinator:**  | *Click or tap here to enter text.* |
| **Principal:** | *Click or tap here to enter text.* |
| **Superintendent:**  | *Click or tap here to enter text.* |

**Will the FRYSC coordinator listed above act as the supervisor for this position?** [ ] Yes [ ] No

|  |  |
| --- | --- |
| **Name of intended site supervisor:** | Supervisor Name |
| **Email & Phone:** | Email and phone number if different than above |
|  |

**Check below to indicate your ability to meet the following requirements:**

|  |  |
| --- | --- |
| Your student (regardless of their age), must have a criminal history check BEFORE they can serve. FRYSC AmeriCorps will begin and covers the cost of the check. One part of the check is completed online. The fingerprint check requires travel to a print scan location. Will you facilitate the criminal history check process with the student? | [ ]  Yes [ ]  No |
| The student’s citizenship must be verified with a state issued ID card or driver’s license. Will you facilitate that process with the student? | [ ]  Yes [ ]  No |
| FRYSC Corps **requires** that all Youth Service Members attend orientation. Will you ensure your student(s) attends the training? |  [ ]  Yes  [ ]  No |
| FRYSC AmeriCorps **requires** that all **SITE SUPERVISORS** attend training at Victory Over Violence. Training hours WILL be given. Will you attend? |  [ ]  Yes [ ]  No |
| **How many Frysc Youth Service Corps members do you request?***Slots are limited and your full request may not be possible to fulfill* | # of positions requested |

1. Provide a sample schedule for your student service member.

 Click here to enter answer

1. Describe your process for selecting a student service member.

Click here to enter answer

**Signatures**

I acknowledge by signature that I have read, understand, and agree to the terms of this application. The information provided in this application is true to the best of my knowledge.

Signature (FRYSC Coordinator) Date

Print name

Signature (Principal) Date

Print name

Signature (Superintendent) Date

Print name