

**United Way of Douglas County AmeriCorps Program**

**2020-2021 Member Development Plan**

**An important part of an AmeriCorps program is assisting AmeriCorps members in their own personal growth and development. This form is intended to help members and their site supervisors develop a plan that will support their personal growth and development. Directions:** After thoughtful consideration of what you hope to achieve in your year as an AmeriCorps member, please complete this form and review it with your host site supervisor. Feel free to add additional pages if needed. Keep a copy for yourself and submit a signed form to Kjrsten Abel Ruch, AmeriCorps Program Director.

Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Host Site Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are your **personal goals** for yourself? Think about the next five years of your life. In what way will your current year of service as an AmeriCorps member help you to advance your personal goals?
2. What are the top 3-5 **service-related goals** you would like to achieve during your AmeriCorps term?
3. Do you have an **educational goal** that you hope to achieve during your term? What would you like to learn? How will you do it? For example, research a topic, job shadowing, find relevant training, etc.
4. What **assistance do you need** from your host site and/or from United Way to be successful in your year of service with AmeriCorps?

Based upon the goals identified, the AmeriCorps member agrees to pursue the above mentioned strategies during the AmeriCorps term of service. Site supervisors have discussed these goals with their member, and agree to support them in achieving them.

Member Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_