



## NEW YORK STATE AMERICORPS MEMBER POSITION DESCRIPTION

Member Position / Title:

# of Member Slots in this Position:

Member Immediate Supervisor Name:

Position Start Date:

Member Immediate Supervisor Title:

Position End Date:

Days / Hours of Service:

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\*Host Site Agency Name:

Address:

Address 2:

City: , NY Zip Code:

Organization/Agency Mission and/or Goals:

Program Mission and/or Goals:

Community Need:

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**Member Position Summary:**

**Necessary Training or Training Plan to be Implemented prior to Member Placement:**

**Member Impact:**

**Essential Functions of Position:**

**Required Knowledge, Skills, and Abilities:**

**Required Academic and Experience Qualifications:**

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**\*Is the Host Site Agency Name a reassignment from an earlier site placement?**

**No**     **Yes** *(If yes, provide the name of the original Host Site and the reason for reassignment.)*

