**ALABAMA AMERICORPS**

Governor’s Office of Volunteer Services

**Member Management Module**

Member Interview

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| **Member Name:** |  | | | | **Date:** |  | |
| **Member Title:** |  | | | | | | |
| **Program Name:** | |  | | **Program Year:** | | |  |
| **GOVS Staff Conducting Interview:** | | |  | | | | |

*You are not required to ask all of the questions below. You may skip questions or ask questions not on this list.*

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| **ORIENTATION/SERVICE:** | | | | | | | | | |
| 1. What year of service are you currently serving? | | | | ❑ 1ST ❑ 2ND ❑ 3RD ❑ 4TH | | | | | |
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| 1. How did you become interested in AmeriCorps? | | |  | | | | | | |
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| (***ONLY 3 QUESTION***) PRE-SERVICE ORIENTATION QUESTIONS-NOT NECESSARY FOR EVERY INTERVIEW | | | | | | | | | |
| 1. Prior to your start date, did you participate in pre-service orientation? | | | | | | | | ❑ Yes ❑ No | |
| 1. What activities did you participate in during pre-service orientation? | | | | | |  | | |
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| 1. Who did you report to during pre-service orientation? | | | |  | | | | |
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| 1. How long did pre-service orientation last? start/finish | | | |  | | | | |
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| 1. Was an offer of service contingent upon satisfactorily completing pre-service orientation? ❑ Yes ❑ No | | | | | | | | |
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| 1. Was pre-service orientation considered a probationary period? | | | | | ❑ Yes ❑ No | | |  |
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| 1. Did you attend orientation prior to beginning your service? | | | | ❑ Yes ❑ No Examples of orientation activities: | | | |
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| 1. Do you feel you were adequately oriented for this service role and is it what you expected? | | | | | | | ❑ Yes ❑ No |
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| 1. What was the most valuable/useful part of orientation? | |  | | | | | |
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| 1. Was there anything that you wish would have been presented at orientation that wasn’t? | | | | | | ❑ Yes ❑ No | |
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| 1. Were you provided with a clear Position Description? | | | ❑ Yes ❑ No | | | | |
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| 1. Do you have access to the materials and equipment needed to perform your service? | | | | | ❑ Yes ❑ No | | |
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| **TRAINING:** | | | | |
| 1. Do you receive regular training to support your service? | | | ❑ Yes ❑ No Ask for and list examples. | |
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| 1. How often do you receive training? | | Monthly, every 2 months, etc. | | |
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| 1. Are there any other trainings that you would like to receive? | | | | ❑ Yes ❑ No Ask for and list examples. |
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| **REGULATIONS/PROGRAM:** | | | | | | | | | |
| 1. Can you list a few of the AmeriCorps Prohibited Activities (AC)? | | | | | ❑ Yes ❑ No | | | | |
|  | Activities member listed: | | | | | | | | |
|  | If they cannot list any, go over some of the activities. | | | | | | | | |
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| 1. Are you familiar with your programs’ grievance procedure and did you receive a copy? | | | | | | | | ❑ Yes ❑ No | |
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|  | Specifically listen for who they are to contact (chain of command) | | | | | | | | |
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| 1. Do you ever serve in a clerical/administrative role at your site? | | ❑ Yes If yes, ask when and how often. ❑ No | | | | | | | |
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| 1. Do you fill in for other staff when they are out sick or on vacation? | | | ❑ Yes If yes, ask when and how often. ❑ No | | | | | | |
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| 1. Do you feel you are adequately supervised and that your needs are being met? | | | | | | ❑ Yes ❑ No | | |  |
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|  | If no, ask why and what improvements they feel could be made. | | | | | | | | |
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| 1. Can you comfortably go to program staff if you are having a problem? | | | | ❑ Yes ❑ No | | |  | | |
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|  | If no, ask why and what improvements they feel could be made. | | | | | | | | |
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| 1. What kinds of support do you receive to perform your service? | |  | | | | | | | |
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| **MEMBER EXPERIENCE:** | | | | | | | | | | | | | |
| 1. Have you connected with other AmeriCorps members in the area? | | | | | | | | ❑ Yes ❑ No | | | | | |
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| 1. What is your overall impression of this AmeriCorps program? | | | | | | |  | | | | | | |
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| 1. Have you enjoyed your service experience in this program thus far? | | | | | | | | ❑ Yes ❑ No If no, ask why. | | | | | |
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| 1. Would you recommend this AmeriCorps program? | | | | | ❑ Yes ❑ No If no, ask why. | | | | | | |  | |
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| 1. Do you feel that your AmeriCorps program has benefited from your service as much as it could have? | | | | | | | | | | | | |  |
|  | ❑ Yes ❑ No If no, ask why. |  | | | | | | | | | | | |
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| 1. Is there anything we can do to help you get better connected/feel more supported? | | | | | | | | | | | | ❑ Yes If yes, what? ❑ No | |
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| 1. What accomplishments are you most proud of? | | | |  | | | | | | | | | |
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| 1. What is the best part of serving as an AmeriCorps member? | | | | | |  | | | | | | | |
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| 1. Is there anything you wish was different? | | | ❑ Yes If yes, ask what? ❑ No | | | | | | |  | | | |
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| 1. Is your program helping you plan for life after AmeriCorps? | | | | | | ❑ Yes ❑ No | | | | |  | | |
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| 1. Are you aware of AmeriCorps Alums and Employers of National Service? | | | | | | | | | ❑ Yes ❑ No If no, provide info. | | | | |
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| 1. Is there anything else you would like to tell us? | |  |
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Thank the member for their service!