



Congratulations and Thank You!

Congratulations on being selected as a Watershed Stewards Project (WSP) AmeriCorps member! In this eighteenth year of service, WSP will engage 55 AmeriCorps members in making important contributions to anadromous fish restoration, watersheds, conservation, and our local communities. We're glad you are part of this effort.

Thank you for your thoughtful decision and generous commitment to serve with this project for the 2011/12 service year. The AmeriCorps Watershed Stewards Project, California Conservation Corps, and all the project partners greatly appreciate your service, dedication, initiative, flexibility, teamwork, and work ethic. Yes, the pay is low, the duties are demanding, some service duties may seem repetitive, and dealing with bureaucracies can be an eye opener. However, please always remember that the service you will perform is incredibly important and greatly appreciated by many, including individuals and groups who will never get a chance to thank you personally. We hope you will appreciate the intrinsic rewards of your service as well as the opportunities for environmental service, fieldwork, community outreach, education, and developing connections in the natural resource field.

Purpose of this Handbook

All Watershed Stewards Project members are responsible for reading, understanding, and abiding by the contents of this handbook, the member contract (this handbook is not the contract), and other important WSP information. This includes, but is not limited to the Education Handbook, Fisheries Handbook, Health and Safety Handbook, Illness and Injury Prevention Program Handbook, letters/emails from WSP staff, handouts, and mailings. The Watershed Stewards Project realizes that there are many important policies, procedures, and other pieces of information to learn, and encourage members to read all items (including this handbook!) more than once, and refer to them as needed on an ongoing basis. In order to facilitate understanding, members are encouraged to ask WSP staff for clarification whenever needed. Please bring this Member Handbook to all WSP trainings/meetings, and keep it handy during your service.

Enjoy your service. Enjoy your site. Enjoy your term. The more you put into making this year meaningful and productive, the more you will get out of it!

~Carrie  
Carrie Gergits  
WSP Project Director





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## Program Information

### What Is AmeriCorps?

AmeriCorps is the National Service initiative created by President Clinton's signing of the National and Community Service Trust Act of 1993. AmeriCorps comprises AmeriCorps\* VISTA, AmeriCorps\*NCCC, and AmeriCorps\*State and National. AmeriCorps members serve with more than 2,000 nonprofits, public agencies, and faith-based and community organizations. Since 1994, more than 500,000 men and women have provided needed assistance to millions of Americans across the nation through their AmeriCorps service. Each year, more than 97,000 AmeriCorps members are serving in communities throughout the country.

#### The AmeriCorps Mission

**Getting Things Done:** Above all, AmeriCorps helps communities meet their education, public safety, human and environmental needs through service. AmeriCorps programs become powerful models for communities to apply in all of their problem solving.

**Strengthening Communities:** While we rightly celebrate the ways we differ, we also need to remember the values we share. AmeriCorps unites individuals from all different backgrounds, and institutions of all different kinds, in the common effort to improve our communities.

**Encouraging Responsibility:** AmeriCorps encourages members to explore and exercise their responsibilities to their communities, their families, and themselves, in their service experience and throughout their lives.

**Expanding Opportunity:** AmeriCorps helps those who help America. AmeriCorps members receive education awards to further their education or pay back their student loans, as well as gain invaluable job experience, receive specialized training, and obtain life skills.

#### The AmeriCorps Pledge

I will get things done for America –  
To make our people safer, smarter, and healthier.  
I will bring Americans together to strengthen our communities.  
Faced with apathy, I will take action.  
Faced with conflict, I will seek common ground.  
Faced with adversity, I will persevere.  
I will carry this commitment with me this year and beyond.  
I am an AmeriCorps member, and I will get things done.

## A Brief History of National Service

America's strong tradition of service has its roots in its communities. The country's vast network of civic and religious organizations, schools, universities, and businesses has been especially important in bringing people together in order to meet common goals. Since the 19th century, Americans have demonstrated a strong commitment to service, whether building new homes, protecting public spaces, or helping those in need.

Throughout this century, each new generation has risen to the challenge of national service. During the Great Depression of the 1930s, President Franklin Delano Roosevelt created the Civilian Conservation Corps (CCC). Four million young people joined in response, restoring the nation's parks, revitalizing the economy, and supporting their families and themselves. Through eleven years of depression, the CCC provided billions of dollars in services and enabled millions of families to live in dignity.

With World War II, the GI Bill linked service to education, offering war veterans the opportunity to pay for school in return for service to their country. Because of the GI Bill, veterans improved their own lives by attending college. They also contributed greatly to America's future; with the education they received, these citizens helped spark the economic boom that gave America the world's leading economy. The principles of the CCC and the GI Bill, namely encouraging and rewarding Americans who serve, inspire AmeriCorps today.

For the next generation, the call to service came from President John F. Kennedy, who developed programs such as the Peace Corps that still flourish today. "Ask not what your country can do for you," Kennedy said, "ask what you can do for your country." Responding to that call in the years since, thousands of Peace Corps volunteers have left the comforts of home and traveled to the poorest corners of the globe, building schools where none existed, helping farmers feed the hungry, and establishing hospitals to care for the sick. After meeting vital needs overseas, returned Peace Corps volunteers have put their knowledge to work to change America for the better.

The 1960s also saw the creation of Volunteers in Service to America, or VISTA, which is now part of AmeriCorps and engages adults in helping low-income communities help themselves. Initiatives such as the Retired Senior Volunteer Corps, the Foster Grandparents Programs, and the Senior Companion Program were also developed as a way of engaging older Americans in the work of improving the nation. In the 1970s and 1980s, a variety of programs at the local, state, and national levels expanded to offer young people the opportunity to serve. Youth corps and school and university-based programs mobilized communities to find and solve their own problems. In a time of scarce resources, these initiatives continued to involve citizens in meeting national needs.

In May 1993, President Clinton introduced historic legislation to expand opportunities for Americans to serve our country, build up their communities, and earn awards for their education in return. Months later, Democrats and Republicans in Congress joined together to pass the bill creating AmeriCorps and the agency that administers it, the Corporation for National Service. President Clinton signed the legislation, the National and Community Service Trust Act, on September 21, 1993.



### AmeriCorps Term Limits:

An individual may receive [a living allowance, child care, and health car] for no more than four terms of service in an AmeriCorps State and National program, regardless of whether those terms were served on a full-, part- or reduced part-time basis. An individual may not receive, through national service educational awards and silver scholar educational awards, more than amount equal to the aggregate value of [two] such awards for full-time service. If a member serves less than full-time, they may earn prorated education awards in only four terms of national service, so long as the total does not exceed the equivalent of two full-time terms. Full-time, half-time, reduced half-time, quarter time, and minimum time terms of service each count as one term of service. Generally, if you are released for cause or leave program voluntarily before completing your term of service and do not receive an education award, that term of service counts as one of your terms.

National service laws and Corporation policies impose certain restrictions within the various programs on the number of terms an individual may serve within that program. The following outlines the limitations on the number of terms one may serve within the different AmeriCorps programs.

AmeriCorps Program	Maximum Number of Terms within each AmeriCorps Program
AmeriCorps*State and National, Education Award Only, Tribes, and U.S. Territories	4 full time (up to 8 partial terms)
AmeriCorps*NCCC	4 full time (up to 8 partial terms)
AmeriCorps*VISTA	3 full-time terms (no partial terms available)

The Corporation has determined that individuals may, nonetheless, serve up to three full-time terms of service across the different types of AmeriCorps programs and may receive Corporation-funded member benefits as long as the caps on the number of terms of service within each program are maintained. In no event may an individual serve more than a total of three full-time terms in any combination of AmeriCorps programs. AmeriCorps\*VISTA programs allow an additional year of service due to the option of an end-of-term stipend rather than an Education Award.

### The Founding of the Watershed Stewards Project

In the spring of 1994, several employees of the California Department of Fish and Game (DFG) and California Conservation Corps (CCC) began talks about forming a community-based watershed restoration, education, and outreach program to meet needs on the North Coast. Resource professionals needed help assessing natural resources; college students and graduates needed an opportunity to gain hands-on experience and other critical job skills; and community members, students, and landowners needed to learn to care for their lands.

In collaboration with other members of the fisheries, watershed, and service community, the DFG and CCC developed the initial grant proposal to fund WSP. Partners included Humboldt State University, Proposition 70, and the USDA Forest Service, among others. The strong proposal, combined with the strength of the partnerships, contributed to WSP receiving its AmeriCorps funding in August of 1994.

## Maintaining National Identity

WSP AmeriCorps members are part of the National Service movement and are supported through grant funding from the Corporation for National and Community Service. Members should continually convey that message to their Placement Site and to community members. Furthermore, members should use every opportunity to explain to community members what National Service means and the function of AmeriCorps. Members must be careful not to be "absorbed" within their Placement Site, and may need to enlist their mentor's help in maintaining their AmeriCorps member identity. *For example, a member placed with the California Department of Fish & Game (DFG) is **not** a DFG employee; rather, the member is there to assist the organization and community in solving local environmental problems.*

Suggestions for Maintaining AmeriCorps Identity:

**Uniform:** A variety of AmeriCorps/WSP gear will be provided to you and should be worn as your daily uniform. For more details refer to the *WSP Uniform Policy*.

**AmeriCorps Logo:** This is available on our website and should be included on all printed materials associated with AmeriCorps related activities and information.

**Buttons and Stickers:** These are available to you for use at AmeriCorps related events and on all outreach materials.

**Verbal Information:** Inform and remind community members that you are part of the National Service movement and be able to articulate information about the Watershed Stewards Project and your Placement Site.



## Program Description

**Project Mission:** The Watershed Stewards Project's mission is to conserve, restore and enhance anadromous watersheds for future generations by linking education with high quality scientific practices.

The AmeriCorps Watershed Stewards Project (WSP) is a community-based watershed restoration program serving 20 communities from Ventura to the Oregon Border. AmeriCorps members serve under the guidance of resource professionals in collaboration with local landowners, public agencies, and private industry to assess, monitor, and enhance watersheds. During their term of service, AmeriCorps members participate in the following:

### Watershed Assessment

Working cooperatively with natural resource agencies, landowners, land managers, and community-based organizations, members survey streams and watersheds using State and Federal protocols. These scientific surveys assess current stream conditions with relation to fish habitat.

Members analyze data and help generate reports and specific "prescriptions" for management of those streams and watersheds. The reports are then made available to the natural resource agencies, landowners, and land managers.

Members assist in the coordination and implementation of these "prescription" which include, but are not limited to: reducing water temperatures by planting trees; reducing sediment entering the stream by stabilizing stream banks; and adding logs and other materials to increase habitat complexity and to preserve salmonid spawning sites.

### Education and Outreach

Members serve in local schools to educate the next generation of landowners by instructing K-12 students in watershed and salmonid science utilizing the WSP Real Science curriculum, recently aligned with California State Education Standards. The Real Science curriculum consists of a minimum of six lessons pertaining to: watersheds, the water cycle, the salmonid life cycle, habitats, and anatomy.

Additional educational activities include the implementation of service-learning projects which allow students to apply knowledge gained in the classroom to hands-on watershed restoration.

Members provide outreach presentations and educational opportunities such as: episodic classroom visits, environmental education fairs, field trips, community service projects, and presentations to community members, natural resource professionals, and students relating to conserving, restoring, and sustaining local watersheds.

Members participate in a minimum of four National Service Day events throughout their term of service. WSP involvement in community outreach and National Service Days will build cooperative relationships among teachers, students, resource professionals, community members, and private landowners throughout the communities in which they serve.

WSP Team Leaders are responsible for assisting with the coordination and support for all other member's education and outreach opportunities. Team leaders research and secure community education and outreach opportunities and assist in training WSP members and the community on watershed related issues.

### Member Development

Members serve under the daily guidance of natural resource professionals. Every member is assigned a mentor who is responsible for providing the training needed to perform daily activities.

Members attend three week-long WSP trainings: Member Orientation, Spring Training, and Summer Training. Members also participate in additional trainings focusing on *Real Science* Education, Outreach and ISP's, the Salmonid Restoration Federation Conference/Trainings, and various site-specific trainings including biological surveys, physical surveys, watershed restoration, and technical skills.

### Volunteer Recruitment

Each member completes an Individual Service Project in which they recruit, train, and manage 15 volunteers in a hands-on watershed restoration project, teaching participants marketable skills.

Through the Creek Geeks Volunteer Program, the Volunteer/Media Team Leader tracks recruited community volunteers for both on-going and one-time restoration projects.

Through the coordination of these activities, WSP members build professional development and communities are strengthened through the partnerships between people, groups and organizations, and their connection to the local environment.

### Key Partners

Corporation for National & Community Service  
CaliforniaVolunteers  
Senate Bill 271 Committee  
California Conservation Corps  
California Department of Fish & Game  
California Trout  
Eel River Watershed Improvement Group  
Farallones Marine Sanctuary Association  
Humboldt Fish Action Council

Marin Municipal Water District  
Mattole Restoration Council  
Mattole Salmon Group  
Mid Klamath Watershed Council  
Resource Conservation District of Santa Cruz  
San Luis Obispo County Steelhead Initiative  
Sonoma Ecology Center  
USDA Forest Service  
Yurok Tribe Environmental Program



Project Locations

Arcata, Arroyo Grande, Capitola, Eldridge, Eureka, Fairfax, Fort Bragg, Fort Bragg, Fortuna, Hopland, Klamath, Morro Bay, Orleans, Petrolia, San Francisco, San Luis Obispo, Santa Barbara, Ventura, and Yreka.

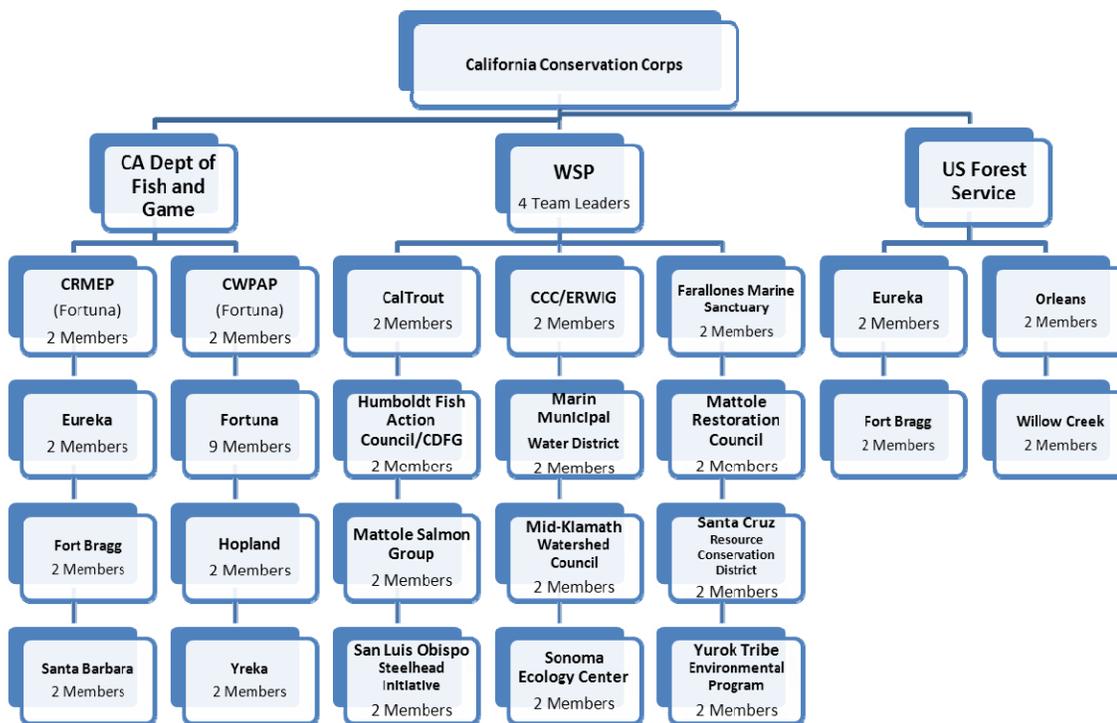
2010/11 Member Specifics

Number of members: 51 full-time members and 4 full-time Team Leaders

Member stipend: \$13,600 full-time (members), \$16,150 full-time (Team Leaders)

Education Award: \$5,550 per year full-term,  
\$2,775 per year half-term

Service duration: 10.5 months, October – August (full-term members must complete a minimum of 1700 hours)  
6 months, March – August (half-term members must complete a minimum of 900 hours)



Placement sites representing agencies/ organizations hosting WSP members

\*The San Luis Obispo Steelhead Initiative is comprised of the Morro Bay Los Padres National Estuary Program, Central Coast Salmon Enhancement, the Land Conservancy of SLO and the California Conservation Corps

## Performance Measures/Objectives

Service Year 18 – 2011/12

AmeriCorps requires WSP to report program activities and accomplishments in the form of Performance Measures. The following are WSP's objectives for Service Year 18:

### WATERSHED ASSESSMENT

- 2,500 stream, riparian and upslope miles will be assessed
- 60% of watersheds will be evaluated as improved by 60%

### WATERSHED EDUCATION AND OUTREACH

- 1,375 students will receive a series of *Real Science* watershed and salmonid education presentations
- 11,500 hours of outreach and educational opportunities will be provided to 20,000 community members
- 70% of students who receive 6 hours of education will increase their knowledge of watershed processes by at least 20%

### MEMBER DEVELOPMENT

- 55 members will receive 270 hours of training
- 80% [44 of 55] of members who receive 270 hours of training will increase skills by 25%

### VOLUNTEER RECRUITMENT

- 66 volunteers recruited for on-going activities
- 825 volunteers recruited for one-time activities
- 528 volunteer hours for on-going activities
- 3,300 volunteer hours for one-time activities.



## The 10 Absolutes for WSP Members

The following is a list of absolute requirements for all WSP Members. It is important that the Mentor/Member Agreement ensures that these absolutes can be accomplished.

### Program Term

**WSP is a 10.5 month program. All members must complete the full program term from October to August.** Exceptions will only be granted for a personal or family illness/death, or life altering/compelling circumstances beyond the member's control. Any member unable to complete the full term for one of these reasons must notify the Project Director in writing immediately upon becoming aware of the conflict.

### Total Service Hours

**Members must complete a minimum of 1,700 hours during their term of service.** Mentors should work with their members to responsibly manage hours throughout the term. Please note that members may be required to serve in excess of 8 hours per day or 40 hours per week.

### Service Activities

**All hours served must be non-political in nature and directly relate to the WSP mission** of conserving, restoring, and enhancing anadromous watersheds through education and scientific practices, with the exception of non-watershed related national service day events.

### Drug & Alcohol Free Events

**All events attended by WSP members are drug and alcohol free environments.** Possession, sale or use of alcohol or illegal drugs or alcohol/ drug paraphernalia is prohibited on State or Federal property, vehicles, and/ or Project training or service sites (this includes both WSP and non-WSP sponsored events). Members must follow the Alcohol and Other Drug Policy at all times while performing CCC/WSP business or while involved in CCC/WSP-sponsored projects and/or recreational activities anywhere, including off CCC/WSP property.

### WSP Trainings

**Attendance at all WSP trainings is mandatory.** Mentors and members should schedule trainings into their calendar as firm dates and should not plan anything else during this time. Members should not ask to be excused, come late, or leave early unless it is *a life altering/compelling event that you do not have control over*. Requests for such events must be submitted in writing to the Project Manager immediately upon becoming aware of the conflict.

### Field work Safety

**Member will not be permitted to work one on one with a field partner unless they are certified in CPR and Basic First Aid.** All WSP members will be certified in Wilderness First Aid, CPR and Swift-water Rescue, therefore any field crew that includes both WSP members together meets this requirement.

#### WSP/CCC Email Accounts

All WSP members will be required to utilize their CCC issued email accounts ([Firstname.Lastname@ccc.ca.gov](mailto:Firstname.Lastname@ccc.ca.gov)) for all WSP work related correspondence. The CCC email account is NOT permitted to be used for personal correspondence such as announcing parties, or political solicitations. WSP/CCC email is expected to be checked on a daily basis.

#### Reporting and Documentation

**All WSP paperwork must be submitted by the applicable due dates**, or on the first working day of the following month if not specified. This includes but is not limited to: Daily Project Logs (DPLs) in the database, Monthly time sheets (Std. 634s), Travel Expense Claims (TECs), Outreach Logs, Education Logs, and all completed ISP paperwork. *For example, if a member completes their ISP in August, all ISP related paperwork must be turned by the first working day of September.*

#### Member Rights

**All WSP members have rights.** Any member who feels their rights are being violated by another WSP participant (member, mentor, or staff) should contact the WSP Project Manager or Director immediately. Grievance procedures and policies exist for these purposes. For issues involving discrimination, harassment, or other illegal activities, members may also contact the Office of Inspector General at 1-800-452-8210 or via email at [hotline@cnsicg.gov](mailto:hotline@cnsicg.gov).

#### Communication

**Good things come from communication.** Mentors should have at least monthly meetings (weekly is recommended) with members to review calendars and address any issues or concerns. Please communicate with the WSP office about situations that arise at your site, community events, or anything of interest no matter how big or small.



## WSP Staff

Project Director:	Carrie Gergits	(707) 725-8601, ext. 301 (office), (707) 496-0594 (cell) <a href="mailto:Carrie.Gergits@ccc.ca.gov">Carrie.Gergits@ccc.ca.gov</a>
Project Manager:	Kristin Kovacs	(707) 725-8601, ext. 302 (office), (707) 498-8723 (cell) <a href="mailto:Kristin.Kovacs@ccc.ca.gov">Kristin.Kovacs@ccc.ca.gov</a> ; <a href="mailto:WSP.Recruiter@ccc.ca.gov">WSP.Recruiter@ccc.ca.gov</a>
Southern Region Project Manager:	Jody Weseman	(707) 496-6832 (cell) <a href="mailto:Jody.Weseman@ccc.ca.gov">Jody.Weseman@ccc.ca.gov</a>
Office Manager:	Sarah Judd	(707) 725-8601, ext. 305 (office) <a href="mailto:Sarah.Judd@ccc.ca.gov">Sarah.Judd@ccc.ca.gov</a> ; <a href="mailto:WSP.Info@ccc.ca.gov">WSP.Info@ccc.ca.gov</a>
Member Coordinator:	Stephanie Hedt	(707) 725-8601, ext. 304 (office) <a href="mailto:Stephanie.Hedt@ccc.ca.gov">Stephanie.Hedt@ccc.ca.gov</a> ; <a href="mailto:WSP.Forms@ccc.ca.gov">WSP.Forms@ccc.ca.gov</a>

### **Project Director** – Carrie Gergits

Responsible for overall program guidance, including staff supervision, securing funding, program reporting, ensuring member and mentor program compliance, monitoring member and mentor success, and fiscal management.

### **Project Manager** – Kristin Kovacs

Oversees duties of all WSP members in the Northern and Central Region, and mentors the Education, Outreach, and Volunteer/Media Team Leaders. Responsible for member recruitment and trainings. Assists with program planning, and is responsible for reporting and evaluation. Oversees all community and media outreach efforts in the northern and central region. Provides support for Project Director, members, and team leaders.

### **Southern Region Project Manager**- Jody Weseman

Oversees duties of Southern Region WSP members and mentors the Southern Region Team Leader. Responsible for member recruitment and trainings. Assists with program planning, reporting and evaluation. Oversees all community and media outreach efforts in the southern region. Provides support for Project Director, members, mentors, and team leaders.

### **Office Manager** – Sarah Judd

Responsible for overall office and information management. Performs program assistance, including forms management, event preparation, supply inventory and maintenance, payment requests, maintaining program procedures and manuals, fiscal assistance, clerical support, and other important program paperwork. Provides support for program staff, members, and team leaders.

### **Member Coordinator** – Stephanie Hedt

Responsible for processing workers' compensation claims, Travel Expense Claims (TECs), Stipends, and other important AMC & CCC paperwork related to member hours and the pre-hire, hire, and exit processes. Facilitates member benefits information and assists in the development of the WSP Health and Safety Program and driver's safety certifications. Provides support for program staff, members, and team leaders.

## WSP Team Leaders

Education Team Leader: Bonnie Stewart	(707) 725-8601, ext. 306 (office) <a href="mailto:WSP.ETL@ccc.ca.gov">WSP.ETL@ccc.ca.gov</a>
Outreach Team Leader: Molly Schnur	(707) 725-8601, ext. 307 (office) <a href="mailto:WSP.OTL@ccc.ca.gov">WSP.OTL@ccc.ca.gov</a>
Volunteer / Media Team Leader: Emily Hirshman	(707) 725-8601, ext. 303 (office) <a href="mailto:WSP.VMTL@ccc.ca.gov">WSP.VMTL@ccc.ca.gov</a>
Southern Region Team Leader: Aristotle Ou	TBD TBD

### Education Team Leader

Provides support for members in WSP's central and northern regions. Coordinates with local schools and teachers to implement WSP's *Real Science* education program and develops and maintains program education materials. Provides educational support and resources to members.

### Outreach Team Leader

Provides support for members in WSP's central and northern regions. Assists in coordinating member participation in community outreach events such as informational festivals and recruitment fairs, develops outreach materials, and assists with WSP website. Provides outreach support and resources to WSP members.

### Volunteer/Media Team Leader

Provides support for members in WSP's central and northern regions. Provides support for members during the organizing and implementation of their Individual Service Projects. Assists with the development of media tools and publicity materials. Tracks participation with the WSP's long-term volunteer program, Creek Geeks. Creates the monthly volunteer newsletter, Water Ways. Maintains the WSP photo archives.

### Southern Region Team Leader

Provides support for members in WSP's southern region in all three program areas. Coordinates with local schools and teachers to implement WSP's *Real Science* education program and develops program education materials. Assists in coordinating member participation in community outreach events such as informational festivals and recruitment fairs, and develops outreach materials. Provides educational and outreach support and resources to WSP members. Also provides support for members during the organizing and implementation of their Individual Service Projects. Assists with the development of media tools and publicity materials.



## Glossary of Terms

AmeriCorps\*NCCC - The National Civilian Community Corps involves young people ages 18 to 24 in programs focused on environmental needs. Housed and trained on 'campuses,' NCCC members are deployed as teams/crews to community service sites.

AmeriCorps\*State and National - Programs are created when collaborations (consisting of at least three state, federal, and local agencies, private organizations, schools or businesses) are awarded grants to address the critical needs of their community through the use of teams of AmeriCorps participants who serve for one or two years.

AmeriCorps\*VISTA - Volunteers in Service to America (VISTA) is a program founded in 1965 for Americans who commit themselves to helping low-income people. VISTA volunteers serve in rural or urban areas or on Indian reservations, in fields such as employment training, emergency preparedness, literacy, shelter for the homeless, and neighborhood revitalization.

California Conservation Corps (CCC) - Youth corps program and WSP fiscal and administrative agent. Stipend checks and checks to vendors are generated by the CCC. (The WSP office is a part of the CCC Northern Service District.). The Fortuna Center Director is Michelle Rankin.

California Volunteers (CV) - The administrator of competitive and formula funded AmeriCorps grants in California. CV (formerly the California Commission on Improving Life Through Service (CCILTS), the Governor's Office on Service and Volunteerism (GO SERV) and California Service Corps (CSC)) was created by Governor Pete Wilson and is charged with overseeing AmeriCorps, service, and volunteerism in the State of California.

Collaborator - A partner with WSP, providing cash and/or in-kind support.

Corporation for National and Community Service (CNCS) - Sponsors AmeriCorps and other service programs and pay many of the expenses for AmeriCorps programs, including members' educational awards. CNCS is supported by tax dollars. CNCS is directly accountable to Congress, which decides each year how much money should be appropriated for AmeriCorps. CNCS is not a government agency; it is a non-profit corporation.

Database - Primary WSP evaluation tool, the database provides a daily account of each member's service activities. Database submissions need to be turned in monthly and are crucial to track the progress of WSP.

Educational Award - AmeriCorps members who successfully complete their term of service receive a \$5,550 (full-time) educational award to attend any accredited academic or vocational institution, or repay guaranteed student loans. An Education Award is considered income by the Internal Revenue Service and will be taxed in the year it is used.

Member - A participant in the AmeriCorps program. Legally, WSP members are considered contract employees of the California Conservation Corps and are subject to CCC policies and procedures.

Mentor - A resource professional with a State, Federal, County, or Tribal agency, or nonprofit organization, who provides guidance and direct supervision to a WSP AmeriCorps member.

Placement Site - The State, Federal, County, or Tribal agency, or private nonprofit organization where WSP AmeriCorps members are placed.

Points of Light Foundation - Created by President Bush Senior in 1990, the Points of Light Foundation was the first phase to establish AmeriCorps.

Program Associate - Representative from the granting organization CaliforniaVolunteers (CV), who is charged with ensuring a program is fulfilling its contractual obligation. Our Program Associate is currently Rachel Connor.

Proposition 70 Committee - A major WSP collaborator. Created by a California ballot initiative, Proposition 70 Committee members are charged with the distribution of \$10 million dollars for the restoration of salmon and steelhead. Since 1994, WSP received approximately \$600,000 through grants from Proposition 70. Bond act sunset occurred on June 30, 1999.

Request for Proposal (RFP) - Grant application with a set format and specific criteria.

Senate Bill 271 (SB 271) - Created in 1997 by the Executive Branch of the California Government, this bill provided up to \$43 million dollars for the restoration of salmon and steelhead for eight years.

Std. - The abbreviation for standard state form.

Stipend - AmeriCorps member living allowance. AmeriCorps stipends are taxable income.

Team Leader - Four WSP member positions for members who have demonstrated excellence in community outreach. Team Leaders assist members with presentations, lessons to K-12 students, community outreach events, volunteer coordination, media outreach and also serve as member representatives to the WSP Advisory Committee. Three are placed with the WSP office in Fortuna, one is placed in the Southern Region.

Travel Expense Claim (TEC) - The form used to process all travel and mileage reimbursements.

WSP Website - [www.ccc.ca.gov/go/wsp](http://www.ccc.ca.gov/go/wsp) We encourage members and mentors to submit photos, biographies, and updated site information for recruitment purposes.



## Member Information

### Member Position Description

The AmeriCorps Watershed Stewards Project (WSP) is a community-based watershed restoration program. In 20 communities from Ventura to the Oregon border, AmeriCorps members serve under the guidance of natural resource professionals throughout the service year in collaboration with local landowners, public agencies, and private industry to assess, monitor, and enhance watersheds.

WSP AmeriCorps members:

- Learn and implement state-of-the-art monitoring and analysis techniques,
- Participate in instream and upslope restoration activities, and
- Promote and build community partnership through environmentally-based outreach activities including:
  - Attending and participating in resource conferences,
  - Presenting *Real Science* Education Curriculum in K-12 classrooms, and
  - Facilitating environmental fairs.

#### Description of Duties:

Training and Meeting Participation:

- Participate in all mandatory WSP trainings and meetings, approximately 1-5 days of training per month. Training topics will include, but are not limited to Wilderness First Aid/ CPR; swift-water safety; civic engagement; career and professional development; teaching skills; watershed surveying and sampling methodologies; data analyses; and fundamentals of watershed restoration. Also, participate in site-specific training as needed by site supervisor (mentor).
- Follow all AmeriCorps, Watershed Stewards Project, and California Conservation Corps policies and procedures as described in the WSP Member Handbook, Training Manuals, memos, and updates.

Reporting and Documentation:

- Utilize and update the Member Database and submit reports in a timely manner.
- Prepare and submit in all required timesheets, expense claims, Education, Outreach and ISP documents and additional required paperwork in a timely manner.
- Attend required meetings with mentors and report on activities orally and in written form.

Service Project Participation:

- Participate in and/ or coordinate service projects on or around mandatory AmeriCorps days of service, which include Make a Difference Day, Dr. Martin Luther King, Jr. Day, Cesar Chavez Day, National Volunteer Week/Global Youth Service Week (they generally overlap).

Fish Habitat Survey, Aquatic Sampling and Analysis:

- Evaluate streams and watersheds using state and federally sanctioned watershed analysis protocols.
- Enter data collected in surveys and develop reports and projects necessary to restore salmon and steelhead populations in anadromous watersheds.
- Occasionally coordinate or participate in watershed restoration projects.

Watershed Information Outreach and Exchanges:

- Deliver watershed-based public outreach presentations to local community members on salmon and steelhead life cycles, watershed processes and sound land use practices in order to provide information on the scientific basis for restoration activities and environmental policies.
- Deliver outreach presentations to natural resource professionals about restoration projects occurring through WSP member and mentor activities.
- Promote information, data sharing, and cooperation between the WSP placement sites in order to increase the net knowledge of watershed restoration and conservation techniques among the resource professionals serving as WSP mentors and their organizations.

Classroom-based Watershed Education Presentations

- Instruct K-12 students and teachers in Northern and Central California coast watersheds about salmon and steelhead life cycles, watershed processes, and sound land use practices using the WSP Real Science curricula (six or more presentations) in order to increase understanding of watersheds.

Individual Service Project Implementation

- Coordinate a hands-on watershed restoration project in the local community.
- Recruit a minimum of 15 non-WSP community members to participate in the restoration project.
- Educate the public and community volunteers' about the purpose and impacts of the specific project.
- Complete a comprehensive media campaign that publicizes the event specifically and highlights the work of WSP and the CCC in general.



## Member Benefits

The following benefits are available to AmeriCorps / WSP members as a condition of their service. Each benefit may have specific qualifying requirements.

### Stipend

An annual member stipend of \$13,600 a year for a full-time member, and \$16,150 a year for a team leader is paid on a pro-rated monthly basis to the member, providing the member completes their required service activities.

*Qualification Procedure* In order to ensure payment, the member must complete and submit the STD 634 and update their Database Daily Project Log Entries. Please refer to the forms section of this handbook for specific instructions on how and when to fill out this form.

### Education Award

Members who successfully complete their term of service as defined by the national legislation are eligible to receive an Education Award of \$5,550 for a full-time, 10 ½ month, 1,700 hour term of service. The awards are provided from a special account in the United States Treasury called the National Service Trust (NST), which is managed by the Corporation for National and Community Service (CNCS).

*Eligibility* To be eligible for an Education Award, a member must successfully complete all of requirements outlined in the WSP Member Service Checklist below.

#### WSP Member Service Checklist

\*The following are required to be completed in order to qualify for the education award (including, but not limited to):

- Complete a minimum of 1700 hours
- Serve full-term of service 10/3-8/10
- Earn satisfactory evaluations by placement site (see second year policy or notes or member application)
- Complete ALL WSP paperwork by required due dates
- Attend all WSP trainings
- Attend all mandatory regional outreach events
- Complete a minimum of one series of *Real Science* education
- Recruit a minimum of 15 volunteers
- Complete an ISP volunteer recruitment and media campaign
- Provide one submission for *Tributary Tribune*

*Use of Award*

A member's Education Award can be used in the following ways:

To repay guaranteed existing or future student loans (qualified student loans do not include loans made privately by banks, parents, or friends);

To pay all or part of the cost of attending a qualified (Title IV) institution of higher education (including certain vocational programs);

To pay expenses incurred to participate in an approved school-to-work program.

The Education Award must be used within seven years of the completion of the member's term of service. A member may apply for an extension if, during the seven-year period, the member performs another term of service in an approved AmeriCorps position, or if the member was unavoidably prevented from using the award.

The Education Award can be divided in any way that the member chooses, so long as it is used for authorized expenditures. For example, a portion could be devoted to existing qualified loans and a portion could be saved for future schooling. The Education Award can be used to pay current loans, but it cannot be used to retroactively pay for loans that have already been paid in full. Please remember that whenever the member chooses to use the Education Award it will be subject to income taxes in the year that it is used. See <http://www.americorpsalums.org/?policy>

A growing number of institutions of higher education are offering to match the education award, or are making other financial aid benefits available to AmeriCorps alumni, such as scholarships, tuition waivers, and in-state tuition. Attending one of these institutions can increase the value of your education award.

See [http://www.americorps.gov/for\\_individuals/benefits/ed\\_award\\_match.asp](http://www.americorps.gov/for_individuals/benefits/ed_award_match.asp)

*Education  
Award Taxation*

The Education Award received by most AmeriCorps members is subject to taxation by the Internal Revenue Service (IRS). There has been a concerted effort to educate public officials about the burden this policy places on many AmeriCorps alumni and as a result, changes are beginning to be made and new resources found.

See <http://www.americorpsalums.org/?policy>

*Qualification  
Procedure*

Instructions to qualify for Education Award:

- Within 30 days of successful completion of a member's term of service, the WSP staff will notify the National Service Trust at CNCS.
- CNCS will send the member a letter informing them of the amount of the award (Voucher and Payment Request Form).
- The member may then present the voucher to their loan holder or accredited academic or vocational institution they wish to attend.
- The loan holder or institution will contact CNCS for payment. Note that the payment will be made to the loan holder or school directly, not to the member.
- When payments are made, CNCS will inform the member of their new balance.



*My AmeriCorps /  
AmeriCorps  
Online Payment  
System*

You can access and manage your Segal AmeriCorps Education Award online. Through *My AmeriCorps* you can check your award balance, access important financial forms and quickly and easily make payments to your educational or financial institution. Payments to registered institutions can be completed within a week.

My AmeriCorps Support  
Hotline: 1-800-942-2677  
e-mail: [epayments@cns.gov](mailto:epayments@cns.gov)

The Hotline is staffed by live operators from 8:00-6:00 EST. You can also check the AmeriCorps website at [www.americorps.gov](http://www.americorps.gov), click on the HELP link right next to the *My AmeriCorps* login button.

To request a copy of your AmeriCorps Education Award voucher or report a change of address, you can e-mail [edawardvoucher@cns.gov](mailto:edawardvoucher@cns.gov).

By logging into ***My AmeriCorps*** and clicking on “My Education Award,” Members and Alumni can use ***My AmeriCorps*** to:

- Update contact information
- Access, create, and submit forms to:
- Have student loans deferred during your term of service (Forbearance Request)
- Request payment of the interest that accrued on your student loans during your term of service (Interest Accrual Benefit Request)
- Request payment of qualified student loans (Education Award Payment Request)
- Request payment of current Educational Expenses (Education Award Payment Request)
- Extend the date of expiration of your Segal AmeriCorps Education Award (Award Extension Request)
- View and print tax statements and forms
- Access customized letters certifying your term of service with an AmeriCorps program
- View the status of your pending requests
- Check your Segal AmeriCorps Education Award balance
- View your account history

*Address Changes*

CNCS does not have a mechanism for recognizing address changes from the postal service. All CNCS material, including Education Award material, will be sent to the “permanent address” the member listed on the enrollment and exit forms. Please make sure your permanent address is correct and updated with the WSP Member Coordinator *during* your term of service. To report a change of address *after* you have left the WSP program, contact CNCS by e-mail at [edawardvoucher@cns.gov](mailto:edawardvoucher@cns.gov) or login to the My AmeriCorps Portal to update your address at anytime.

You may also contact the CNCS Trust Department directly at (202) 606-5000, ext. 347, to ensure they have your correct address or for other specific information about your account.

*Trust Hotline* **CNCS Trust Hotline for members (toll free) is 1 (888) 507-5962.** Members may use this number to access the following information: general information about the Education Award, how to receive the Education Award, how to use the voucher, answers to 1099 tax reporting questions, and requesting new or duplicate vouchers.

## Travel Expense Claims

A limited amount of qualifying travel expenses may be reimbursed to the member.

*Qualification Procedure* To qualify for reimbursement, the member must complete and submit a Travel Expense Claim (TEC) form. Please refer to the forms section of this handbook for specific instructions on how and when to fill out this form.

## Medical Insurance

WSP provides, at no cost to members, health care insurance through Anthem Blue Cross. Information booklets regarding the health insurance plan are available from the WSP office and can be downloaded from the WSP website. In addition, booklets are provided to each member during Orientation.

Members are automatically covered with insurance from their first day of service (October 3, 2010) through the end of the month in which they exit (August 31, 2011) unless the member is covered by another health care plan and chooses to waive the coverage under this plan. Members who are covered under another plan (other than Medicaid) are not eligible for this benefit. To decline coverage the member will have to complete a Declination form

Insurance Company: Anthem Blue Cross  
Health Plan: Blue Cross PPO  
Group #: 275947M001  
Plan Code #: 040  
Rx Bin: 610053  
Address: Anthem Blue Cross L and H  
P.O. Box 629  
Woodland HLS, CA 91365

The health care insurance does not cover dental or vision. Insurance does cover a percentage of prescriptions, in-plan doctor visits, and emergency care. If you need to use your benefits BEFORE YOU RECEIVE AN ID CARD, please contact Anthem Blue Cross First Impressions at **1-888-831-2238**. Your employer name is the California Conservation Corps. Please notify Anthem if you have not received your health insurance card in the mail within two weeks after the date of your hire – give them a call at **1-800-888-8288**.



California Conservation Corps - Schedule of Medical Benefits

Benefit	In Network Services	Out of Network Services
Lifetime Maximum Benefits, All Covered and Supplies	\$1,000,000	\$1,000,000
Calendar Year Deductible	\$1,700	\$5,100
Emergency Room Deductible (Co-pay waived if admitted to the hospital)	\$100 co-pay	\$100 co-pay
Physician Office Visit	\$20 co-pay	50% after Deductible
Individual Out of Pocket Maximum	\$10,000	\$10,000
Office Visit Co-Insurance	100%	50% after Deductible
Percentage of All Other Medical Services After Cash Deductible is Satisfied	50%	50%
Percentage of Covered Services after Out of Pocket Maximum is Reached	100%	100%

As of July 2010 – subject to modification once we receive definitive plan details from the California Conservation Corps Headquarters’ Transactions department.

*Activate Account*

To activate a member Anthem Blue Cross account online, they must register with the Anthem Blue Cross website at [www.anthem.com](http://www.anthem.com). Please follow these instructions:

Log onto [www.anthem.com](http://www.anthem.com):

- In the member login section, click on register on the right hand side of the screen.
- You must enter your Member ID Number. If you do not yet have your medical insurance card, use your social security number without any dashes in it (e.g. 555555555).
- You will also need to enter your name and date of birth to verify who you are.

The group # is 275947m001 (This number needs to be provided to the doctor every time care is received.)

Note: The system requires the creation of a user name and password. This information is required for all future access to the system.

*Providers*

The Anthem Blue Cross website provides a list of all participating providers. Members should research the plan thoroughly and discuss any questions with their Health Care Provider. If you have questions about whether a drug is on the prescription drug formulary or needs to be approved, call 1-800-700-2541.

*Supplemental Insurance*

Members are encouraged to seek medical benefits to supplement the provided insurance. Many members can qualify for and participate in the California MediCal program.

Members should inform case workers that although they have insurance, it is a limited plan. If a member has problems registering for MediCal, they should ask the social worker to contact the WSP Member Coordinator for income verification at (707) 725-8601.



*Trouble Shooting Claims* All additional questions about registration or insurance coverage should be directed to the UHC hotline for further information:

Customer Service #: 1-800-888-8288 (Monday thru Friday, 8 a.m. to 12 midnight PST)

## Employee Assistance Program

The State of California offers various services to AmeriCorps WSP members under the Employee Assistance Program (EAP). The EAP is a service designed to help manage life's challenges. Everyone needs a helping hand once in a while, and the EAP can provide it. The following services are available to members.

*Clinical Counseling* The EAP can provide an assessment, counseling, assistance and if needed, referral to additional services. Both face-to-face and telephonic counseling are available, and eligible members are entitled to a set number of counseling sessions per problem type, per benefit period, for a variety of issues, including:

- Alcohol Abuse,
- Drug Abuse,
- Marital and Family Issues,
- Emotional, Personal and Stress Concerns.

*Work & Life Services* Telephone consultations are available for:

- **Legal Concerns** – Advice on family law, consumer issues, landlord/tenant disputes, personal injury, contracts, and criminal matters.
- **Financial Issues** – Help for budgeting, credit issues, and financial planning.
- **Child and Elder Care Assistance** – Help in identifying care-giving needs and options, and available community and financial resources.
- **Federal Tax Assistance** – Help with IRS audits, and unfilled or past-due tax returns.
- **Pre-Retirement Planning** – Lifestyle and financial guidance for planning a quality retirement.
- **Organizing Life's Affairs** – Help with organizing vital records and documents, or with arranging 'final details' for a loved one.
- **Concierge Services** – Referrals for everyday errands, travel, event planning and more.

*Contact* If you need help, call this toll-free number 24 hours a day, 7 days a week:  
(866) EAP-4SOC  
(866) 327-4762

*Online Member Services* Access EAP information and tools online at <http://eap4soc.mhn.com>  
Register with the access code: **soc**

*Confidential* The right time to seek help for a problem is as soon as possible, before it becomes critical. All assistance provided is confidential.



## State Workers' Compensation Insurance

WSP members are eligible to participate in the State Workers' Compensation Insurance Fund to cover medical expenses relating to injuries or illnesses occurring while on the job.

*Qualification Procedure* In order to be eligible to participate in the State Workers' Compensation Insurance Fund a member must report the injury to the WSP Member Coordinator (or available WSP staff) as soon as possible after the injury or illness occurs and complete all paperwork requirements.

*Procedure for Work Related Injuries* If a Member is injured while performing service duties, they must notify the WSP Member Coordinator (or available staff) **immediately** at 707-725-8601.

Worker's Compensation benefits are administered through the CCC. The CCC has three (3) working days to file the appropriate forms with State Compensation Insurance Fund. Late paperwork results in a \$1,500.00 project fine. **Injuries not requiring medical attention must still be reported to and documented by the WSP staff**, so that aggravations or exacerbations of the work related injury or illness that occur at a later date will be covered by Worker's Compensation.

If a Member is injured while performing service duties and needs to stop performing their duties, they must see a physician. For example, a Member may not "just go home to rest" an injured back, or go to a chiropractor; they must see a physician first. For minor injuries, it is strongly encouraged that the Member not go to the emergency room. **The Member should tell the doctor's office as soon as they get there that they have a Worker's Compensation injury.** The doctor's office will call the CCC office to verify this. Members will need to fill out certain paperwork; contact the WSP office **immediately**.

If a physician requires a Member to be on modified duty, the doctor should clearly specify in writing the physical limitation(s): "Member is not allowed to bend or kneel," "Member may lift up to 20 pounds." An accurate description of the limitation(s) is essential in order for the Program staff to modify duty. If the physician provides a Member with a modified/ light duty description, the Member is required to serve. If a Member chooses not serve and cannot complete her or his term of service within the specified limits of their Member Hire Agreement, s/he will not receive their education award.

For a list of local Doctors that take Workman's Comp cases go to: SCIF.COM or <http://www.statefundca.com>. Search under "MEDfinder MPN: Find a Provider". You can search by region, type of injury, etc.

*Prevention is Key* Members are expected to perform their duties in a manner that is safe for them, their coworkers, students and community members. If a Member notices a safety hazard, they should stop performing duties in that area and notify staff immediately. If there is safety gear that the Member needs and does not have, they should contact their Supervisor or the WSP Office immediately. Failure to use proper safety gear while performing duties, or performing unsafe actions, may result in disciplinary action.

## Child Care

WSP recognizes the importance of supporting the entire family as members strengthen communities through service. WSP understands all parents and families have a variety of needs and interests. One size does not fit all. We also know that no matter what your individual circumstances may be as a parent, you want the best for your children.

Childcare benefits are designed to assist the member and to support the developmental needs of children. To ensure both the success of the member and to create a positive experience for children, First Financial Associates (FFA) administers the childcare benefits for WSP through the AmeriCorps Care Program. FFA works to ensure that all childcare is of the highest quality and available to children of parent members enrolled in the WSP program.

To contact First Financial Associates Childcare Subsidy Department directly:

**Phone:** (770) 484-9200

**Email:** [americorps@1stfinancialassociates.com](mailto:americorps@1stfinancialassociates.com)

**Website:** <http://www.1stfinancialassociates.com/asnprogram.htm>

### *Eligibility*

Requirements for eligibility:

- Member must reside with and be the parent or guardian of a child/ren under the age of 13.
- Total family income must be within the State's eligibility limits (see table).
- Member must not receive childcare assistance from other sources.
- The member must need the childcare in order to participate in AmeriCorps.

### California Eligibility Limits Table

Family Size	Maximum Monthly Family Income*
1	3,518
2	3,518
3	3,769
4	4,188
5	4,858

\*\*Effective November 1, 2007

\*According to California Education Code § 8263.1 a family is "income eligible" if a family's adjusted monthly income is at or below 75 percent of the SMI, adjusted for family size, and updated annually. Income is subject to deductions and exclusions.

### *Benefits*

Through AmeriCorps Care, full-time AmeriCorps members can access the following services:

- Timely, direct payment of child care costs to child care provider based on the predetermined allowance.
- Thorough consultation from a child development specialist located in the community where child care is needed.
- Detailed review of all available child care options in your community.



- Consumer information about the quality of child care and how to identify it.
- Materials and resources, including checklists for the visit to child care providers, charts identifying milestones in child development, and other helpful materials.

*Qualification Information* To find out if an AmeriCorps parent qualifies for childcare benefits, please contact WSP staff at (707) 725-8601

## Loan Forbearance Request for National Service

AmeriCorps members are eligible to receive payment forbearance (often called loan deferment) on most qualified student loans, which means you won't have to make payments while in service. Your lender will be able to tell you which of your loans qualify for forbearance. Loan forbearance for a qualified student loan is **guaranteed** in AmeriCorps legislation. However, once the member is no longer actively participating in the WSP program, s/he will be responsible for these payments.

Forbearance is not forgiveness or cancellation of a loan, it simply prevents the member from having to pay while s/he is living on a limited stipend. The National Service Trust, the branch of the Corporation for National and Community Service that is responsible for overseeing loan forbearance and the Education Award, recommends that members request forbearance based on their national service in an AmeriCorps project. There are several advantages for obtaining this type of postponement over another type. Forbearance based on national service does not "count against" the 3 year time limits that go with other types of postponements. Interest payments are not required during the term of national service - not even on a quarterly basis.

There are two different ways to apply for loan forbearance: paper form or electronically.

*Paper Form Submissions* You can access the paper form application on the Corporation for National and Community Service's (CNCS) website at:  
[http://www.americorps.gov/for\\_organizations/tta/forms.asp](http://www.americorps.gov/for_organizations/tta/forms.asp).

The form is called the "Forbearance Request for National Service Form". After you complete your sections, you will need to forward this paperwork the WSP Member Coordinator to verify your eligibility for this benefit.

*Electronic Forbearance Application Procedure* To complete an electronic application for forbearance, you will need to login to [My AmeriCorps](#). Use the same login information as you did when you applied to the program. From the AmeriCorps website ([www.AmeriCorps.gov](http://www.AmeriCorps.gov)), click on the "[My AmeriCorps](#)" link on the homepage. You can also access a link to [My AmeriCorps](#) by going to [my.americorps.gov](http://my.americorps.gov). To have access to the electronic forbearance application, follow the instructions provided on the log-in page access or create an account.

*Please Note* Occasionally, a lender may ask for additional information or require that its own forbearance request forms are completed. Since there are several types of forbearance, each with their own unique characteristics and possible limitations for AmeriCorps members, members should insure that the loan holders understand that the forbearance request is based upon national service in an AmeriCorps project. The WSP Member

Coordinator can provide you with a letter verifying your eligibility for loan forbearance upon request.

Because the WSP office will not be alerted to the communications between the National Service Trust and the loan holders, members are encouraged to contact their loan holders to insure that the request has been received and properly completed.

Please understand that the National Service Trust does not grant forbearances; the loan holders do. The National Service Trust simply verifies membership in AmeriCorps and informs the loan holders.

## Student Loan Interest Payments

Although student loans may be eligible for payment forbearance, the interest on the loans continues to accumulate. If a member qualifies for payment forbearance and completes the application forms during their term of service, AmeriCorps will pay all (for full-time members) of the interest that accrues during their term of service. To obtain this benefit, the member must complete their term of service. Once the member successfully completes a term of service, the National Service Trust will pay all of the interest that accrued on loans while a member served.

### *Electronic Application Procedure*

Members should complete this process online from their **My AmeriCorps** account once the member has completed their term of service. The Interest Accrual application is explained and completed online during program exit.

The member is responsible for following up with the lender to ensure that the request was received.

### *Please Note*

The National Service Trust cannot pay any interest accrued during the period if a member does not complete the entire term of service. Exceptions may be made for members who fail to complete their term of service for compelling personal circumstances or if other federal regulations apply.

Since these are benefits above and beyond the Education Award, interest payments will not be deducted from the amount of the Education Award. **These interest payments are considered taxable income.** Loans that are in default may not be eligible for forbearance.

Special requirements and conditions are associated with forbearances, depending on the type of loan and when it originated. These may include time limitations and quarterly interest payments. If members wish to learn more about other types of postponements for which they might be eligible, they should contact their loan holders.

## Perkins Loans and Alaska Loans

Two types of qualified student loans - loans for which the Education Award can be used - are not currently covered by the federal laws regarding forbearance based on national service. There currently is no federal requirement for a loan company to grant forbearance for Federal Perkins Loans or loans issued to a member by the Alaska Commission on Postsecondary Education. However, many educational



institutions will use their discretion, which is allowed under federal regulations, and grant forbearance for Perkins loans.

If a WSP member finds that a holder of one of these two types of loans will not grant forbearance based on national service, there may be other postponement options available. For example, the member may be eligible for forbearance based on his/her limited income during the service period. Members should contact their loan holders if they wish to learn about other types of postponements for which they may be eligible.

Since both Perkins loans and loans issued to a member by the Alaska Commission on Postsecondary Education are included in the National Service Trust's legal definition of qualified student loan, WSP members can use their Education Awards to make payments against them.

## Member Training Overview

WSP Trainings are an important program component. Training opportunities are designed to prepare members and mentors to effectively serve in their respective roles. Trainings also help members establish a sense of community and common purpose within WSP while developing professional skills that can be taken with them beyond their term of service.

Members attend a minimum of four mandatory WSP trainings during the term of service: Member Orientation, Regional Training, Spring Training, and Summer Training. Members also participate in various site-specific trainings including biological and physical surveying, watershed restoration, and technical training pertaining to specific tasks and projects. Optional trainings include non-WSP coordinated trainings, such as the Annual Salmonid Restoration Federation Conference.

The following information details both required and non-required member development and training opportunities throughout the term of service. For specific training dates, refer to the WSP Calendar of Events or the WSP website at [www.ccc.ca.gov/go/wsp](http://www.ccc.ca.gov/go/wsp)

## WSP Required Trainings

### Member Orientation Length: 5 days

#### Purpose/Goals:

To welcome and provide members with an introduction to AmeriCorps, Watershed Stewards Project, California Conservation Corps, Watershed/Fisheries, Field Safety, and Education/Outreach, all which contribute to the member's professional development throughout their term of service.

Training content will include:

- AmeriCorps: History, Standards of Conduct
- California Conservation Corps: History, relationship to WSP, Policies and Standards of Conduct
- WSP: History, Mission, Objectives, Performance Measures, Worker's Compensation, Illness and Injury Prevention Program, Driver Safety (for applicable members)
- Watershed/ Fisheries: Intro to North Coast Watershed/Fisheries, Regional Watershed Issues
- Field Safety: Wilderness First Aid/CPR certification, Swiftwater Safety certification,
- General Field Safety Tips
- Outreach: A brief introduction to Community Outreach, Environmental Education and Individual Service Project Requirements
- Professional Development: Professionalism



**Regional Training Length: 2-3 days**

**Purpose/ Goals:**

To provide members with additional support in the areas of Community Outreach, *Real Science* Watershed Education, and the Individual Service Project.

**Spring Training Length: 5 days**

**Purpose/Goals:**

To increase members' understanding of watersheds/fisheries issues through workshops and field tours with natural resource professionals, provide a holistic perspective of WSP through member placement site presentations, and further members' professional development.

Training content will include:

- WSP: Civic Engagement And National Service
- Watershed/Fisheries: Various Technical Skill-Based Workshops and Field Tours
- Professional Development: Leadership, Conflict Resolution and Communication

**Summer Training Length: 5 days**

**Purpose/Goals:**

To further increase members' understanding of watersheds/fisheries issues and professional development through workshops and field tours with a variety of natural resource career focused professionals. Training content will include:

- WSP: Placement Site Descriptions
- Watershed/Fisheries: Various Technical Skill-Based Workshops and Field Tours
- Professional Development: Career Development – Résumé Tips, Interview Techniques, and Life After AmeriCorps resources

**WSP Training Location Plan**

WSP training facilities are selected based on availability, accommodations, price/payment, and level of local mentor/placement site participation. Spring and Summer Training facilities will be rotated on a two-year cycle to provide second year members the opportunity to experience various regions throughout WSP's service area, while also providing placement sites the opportunity to be involved in trainings and educate members about local issues and projects.

If you know of an appropriate training facility or would like to host a WSP member training in your area, please contact the WSP Project Manager or the WSP Southern Region Project Manager.

### Placement Site Involvement

Placement sites and mentors are welcome and highly encouraged to participate in member trainings by attending or facilitating a watershed-based workshop or field tour. Members appreciate meeting other mentors and learning about the work being done by different placement sites, often resulting in increased recruitment of second year members the following year.

If a placement site supervisor or mentor is interested in becoming involved in a WSP member training, contact the WSP Project Manager or Southern Region Project Manager.

### Expectations at WSP Trainings

All WSP and placement site coordinated trainings adhere to the WSP Policies and Guidelines. WSP coordinated trainings are drug and alcohol free events. Members suspected and/or found to be in possession of or using illegal drugs or alcohol at WSP trainings will be subject to immediate disciplinary action. WSP also adheres to a “No Pets” policy at trainings.

### Additional Member Training Opportunities

Each WSP member will have the opportunity to attend ONE of the following trainings offered by the Salmonid Restoration Federation (SRF), a non-profit organization dedicated to the protection and restoration of California's salmon, steelhead, and trout populations and their habitat. Locations and dates for the following trainings vary by year, but are available on the SRF website at: [www.calsalmon.org](http://www.calsalmon.org). Additional training opportunities may be presented throughout the term, and will be considered on a case-by-case basis.

#### **SRF Annual Conference**

- # Members to attend: TBD based on WSP budgetary constraints
- Member Selection Method: random lottery selection of interested members with priority given to second year members

#### **SRF Coho Confab**

- # Members to attend: TBD based on SRF capacity
- Member Selection Method: interested members

#### **SRF Chinook Symposium**

- # Members to attend: TBD based on SRF capacity
- Member Selection Method: interested members

#### **SRF Field Schools**

- # Members to attend: TBD based on SRF capacity
- Member Selection Method: interested members



## Member Community Outreach and Education

### Member Individual Service Project Overview

Each WSP member is required to coordinate an Individual Service Project (ISP) as part of their volunteer generation and media skills development requirements throughout their term of service.

#### Project Goals

- To build partnerships and engage community members as volunteers in the restoration of their local watersheds
- To personalize the member's year of service
- To develop members professionally through learning or refining highly transferable skills

#### Project Requirements

To fulfill project requirements, members must:

1. Develop a hands-on watershed restoration project, lasting approximately four hours, which meets a need in the community.
2. Submit an Individual Service Project Proposal and Job Hazard Analysis Form to the WSP Project Manager and Volunteer/Media Team Leader a *minimum* of six weeks prior to the event for approval.
3. Recruit and manage community volunteers as the primary work-force of the project.
  - Each member is required to recruit a minimum of **15** volunteers throughout their term of service for participation in the ISP.
  - Members are expected to utilize outreach events to connect with potential volunteers.
  - Members are expected to develop and follow a volunteer recruitment campaign in collaboration with the VMTL.
4. Conduct media outreach to promote the event and to recruit volunteers.
  - All members are required to conduct either a pre-event press release, media advisory, or public service announcement; or a post-event press release. If the member chooses to conduct a post-event press release, a 48-hour after event deadline must be observed.
  - All media outreach must include mention of the AmeriCorps Watershed Stewards Project and California Conservation Corps.
  - Members are expected to utilize the media templates found on the WSP website.
  - All media efforts must be submitted to the WSP Project Manager and Volunteer/Media Team Leader at least four weeks prior to desired media distribution date for review and edit.
5. Conduct the event and provide volunteers with an orientation containing appropriate project background, education, safety information, and equipment.
6. Follow up with all project partners.

7. Submit all required paperwork to the Volunteer/Media Team Leader within two weeks of the event (Volunteer Log via mail and Individual Service Project Summary via email)

**Tools and Resources Provided**

- Training in volunteer recruitment and management, and media outreach
- Regional media contact lists
- Regional community-based publicity resource tool on GoogleMaps
- ISP Toolkit on website and placement site CD
- Media templates for press release, public service announcement, media advisory, etc.
- ISP Proposal, Checklist, and Summary forms
- Volunteer Log (includes liability release)

**Appropriate Projects**

Stream Clean Up  
Tree Planting  
Invasive Plant Removal  
Willow Baffles/Mats  
Creek Mouth Enhancement  
Road/trail rehabilitation  
Barrier Removal

**Inappropriate Projects**

Beach Clean Up  
Dune Restoration  
Watershed/Fish Fair  
Building a Native Plant Nursery  
Biological Monitoring (i.e. fish trapping, etc.)  
Restoration Field Tour (without hands-on component)

**Member Compliance Requirements**

1. At the start of the service year, the member and the mentor should reach consensus about the approximate date for the ISP. A slower season is a more ideal time for an ISP than a busy field season.
2. Discuss project ideas with the mentor and utilize his/her assistance as a resource for identifying and selecting a community restoration need or appropriate contacts and resources. Members are also expected to gain information and support from relevant community leaders.
3. Submit an Individual Service Project Proposal and Job Hazard Analysis Form to the WSP Project Manager a minimum of three weeks prior to the event for pre-approval. Your Individual Service Project needs to be formally approved by the Project Manager before you proceed with the donation solicitation and media outreach. Members are expected to keep the VMTL informed of any and all changes to the ISP after the proposal has been submitted. In the event of a cancelled or rescheduled ISP, members are expected to resubmit a proposal with the updated information.
4. Meet with mentor on a regular basis to assess progress and areas of concern. Follow up with Volunteer Media Team Leader about any updates, progress or problems. Members are expected to CC the VMTL on any and all ISP related communication.
5. Recruit and manage community volunteers as the primary work-force of the project.
  - Each member is required to recruit a **minimum** of 15 volunteers throughout their term of service, who should be targeted for participation in the ISP. Community members are more preferable than current WSP members, as one of the primary goals of the ISP is to build visibility and social networking capacity.
  - If 15 volunteers cannot be recruited, members are responsible for recruiting the remaining number of volunteers to participate in a WSP mission related activity. In the



event of a subsequent restoration activity, the member must first submit a written summary of the project. The member is expected to include in the project summary the reason for the project, an updated volunteer recruitment campaign, the anadromous watershed location, what activities the recruited volunteers will be conducting, and the expected and actual deliverables. The member will also need to submit a Volunteer Log to the Volunteer Media Team leader after the project is completed.

6. Conduct media outreach to promote the event and recruit volunteers if necessary.
  - **All media outreach must include mention of the AmeriCorps Watershed Stewards Project and California Conservation Corps.**
  - **Always use the following tagline:** The AmeriCorps Watershed Stewards Project (WSP), a special project of the California Conservation Corps, is administered by CaliforniaVolunteers and sponsored by the Corporation for National and Community Service
  - **Always quote the WSP mission statement as follows:** The mission of the AmeriCorps Watershed Stewards Project (WSP) is to conserve, restore, and enhance anadromous watersheds for future generations by linking education with high-quality scientific practices.
  - All media efforts must be submitted to the WSP Project Manager a minimum of four weeks prior to desired media distribution date for review and edit.
  - Members are expected to utilize the templates found on the WSP website.
  - Each member must complete one of a pre-event press release, public service announcement, or media advisory; or a post-event press release. In the event that the member elects to write a post-event press release, a 48-hour post-event deadline must be observed.
  - Members are expected to track and report all media distributed on the ISP summary form.
7. Facilitate the project on the day of the event and provide volunteers with an orientation containing appropriate project background, education, safety information, and equipment. An Individual Service Project Script is provided to guide the volunteer orientation.
8. Follow up with all project partners, and volunteers (thank you letters, etc.).
9. Submit all required paperwork to the WSP Project Manager within two weeks following the event.
  - Completed Volunteer Log
  - Completed Individual Service Project Summary

## Developing an ISP – General Outline

\*More specific information is available in the ISP Toolkit found on the website and on a CD at each of the placement sites.

### Start thinking about your ISP

1. Use community resources to identify a watershed restoration-based need in your hosting community
2. Brainstorm project goals that address this need
3. Evaluate the appropriateness/feasibility of each goal based on available financial and social resources
4. Reach consensus with your mentor about which goal to accomplish with your hosting community

### Coordinating an ISP

1. Establish strategic objectives that will accomplish the chosen goal
2. Determine a location
  - Request permission from appropriate landowners if necessary. Consider issues such as safety and private property liability.
  - Seek out community/landowner partnerships if necessary
3. Schedule the ISP
  - Utilize the community calendars. Schedule your ISP for a day and time that will most likely not require competition for volunteers.
4. Submit all required paperwork, including the ISP Proposal and Job Hazard Analysis Form to the WSP Project Manager.
5. Create a strategic action campaign
  - List the objectives that must be accomplished for you to meet your chosen ISP goal
6. Create a volunteer recruitment campaign
  - Remember the rule of 10: if you want 10 volunteers to show up, you need to recruit 100 volunteers
  - Recruit both targeted and non-targeted volunteers
  - Utilize the community and the WSP resources. The VMTL is there to help!
7. Develop a publicity campaign
  - Media contacts lists are available on the WSP website located under the Member Info section of the WSP website. Check with your placement site to see if they have different or already established media contacts.
  - Conduct media advertisement for radio, television, and publications
  - Create appropriate media tools (media advisory, press release, public service announcement, poster, etc.)
  - Forward media outreach tools to WSP Project Manager for review, edit, and attainment of required California Conservation Corps Headquarters' approval.
  - Hang fliers or bulletins around the community where appropriate
  - Distribute fliers through email to coalition organizations
  - Follow-up media outreach with phone calls.



8. Identify and seek out necessary tools, equipment, or transportation
9. Arrange volunteer liability forms and sign-up sheets
10. Confirm location, date, time, equipment, transportation

\*Please note that donation solicitation is not an approved member activity.

### ISP Script

A suggested ISP script has been provided to every WSP member, to assist with the introduction to the ISP. Each WSP member is expected to review the suggested script, and revise it according to the terms of her/his ISP. S/he is also encouraged to read her/his revised ISP script with the VMTL prior to the ISP introduction for constructive feedback. The ISP introduction is an opportunity for the WSP member to introduce him/herself, the WSP, his/her placement site, and it also allows the group to gain cohesion through an acknowledgement of the social contract and agreements, through reviewing the goals and objectives, and through learning a new restoration skill set. WSP members are expected to tailor the suggested ISP script to fit their own ISP.

#### During and After ISP

##### 1. Day of Event

- Relax! Providing all necessary steps and measures were taken in planning, it will be fine. Focus on enjoying the event and accomplishing set objectives.
- Ensure volunteers complete liability forms and volunteer sign-up sheet
- Volunteers over age 18: Provide Volunteer Log for volunteers to complete prior to project, which also serves as a liability release, to ensure that the CCC and/or WSP will not be held liable if someone is injured while working on your project. This form serves as all of the following: volunteer sign-in, emergency contact, transportation liability waiver, publicity waiver, and an additional information request.
- Volunteers under age 18: Provide Liability Release, Emergency Medical Information, and Publicity Release for volunteers to complete prior to project for parent/guardian to sign. Please Note: anyone under the age of 18 cannot ride in a State vehicle.
- Review the ISP Orientation Script contained in this binder to ensure you cover all your bases – there is a lot of information to cover so your volunteers are well informed!
- Follow the volunteer management guidelines as discussed in the ISP Toolkit
- Be sure that all volunteers have the opportunity to sign up to receive the monthly subscriptions to the free, electronic volunteer newsletter, *Water Ways*

##### 2. Always debrief after event

- Identify what did or did not work and lessons learned to improve the event in the future
- Keep record of media publicity that was achieved (send any copies to WSP office) and how many volunteers attended

##### 3. Return all completed paperwork including ISP Summary, Volunteer Log, and evidence of media outreach to the WSP Volunteer/Media Team Leader.

##### 4. Be sure to send thank you notes as appropriate (landowners, etc.)

\* All ISP-related forms are available under the Member Info section of the WSP website:

[www.ccc.ca.gov/go/wsp](http://www.ccc.ca.gov/go/wsp)

\*\* An Individual Service Project Checklist is provided in the forms section of this handbook.

## Developing a Media Outreach Plan

A media outreach plan can raise awareness and help generate television, print, and other coverage of your community outreach activities. An effective plan can also generate interest in your program beyond the event, by helping to cultivate relationships with local television, radio, and print media outlets and reporters. The tips in this section will help you get started.

### 1. Develop a media timeline

The timing of your effort depends in large part on the results you want to achieve. If you're depending on the media to help recruit volunteers for your event, you should start your media campaign as much as four to six weeks in advance. However, if you're simply asking a reporter to cover the event itself, three to four day's notice is usually sufficient. The best way to determine your timeline is to work backwards from the date of your event. Consider the materials you'll need, check with media outlets to find out their specific deadlines, and determine how much time you and your planning team needs to prepare materials. Below is a suggested timeline to guide your efforts.

Two Months Prior to Event	Two Weeks Prior to Event	Ten Days Prior to Event	One Week Prior to Event	3 or 4 Days Prior to Event	Day of the Event
Take time to develop a press list, determine press lead times and deadlines, and develop and customize your outreach materials (advisory, press release, PSA, op-ed, posters, etc.).	Send drop-in article to local community newspapers and relevant web sites. Send PSA to local TV and radio stations. Send your community calendar listing to community calendar sections at local daily and weekly papers. Hang posters in local shops and community bulletin boards.	Send an opinion editorial (Op-ed) to the editorial page editor at your local newspaper .	If Op-ed is unsuccessful, send a Letter to the Editor.  Revisit local shops and community bulletin boards to assure posters are still present.	Fax a media advisory to the media.  Phone/e-mail any volunteers you know who might be interested in attending.	Fax a press release to the media.

### 2. Compile a media contact list

If you don't already have a list of reporters, editors, columnists, and producers who have covered or might be interested in community service and events, you'll want to create one as soon as possible.



Depending on the extent of your outreach efforts, your media list can include local and regional newspapers and magazines; local television, cable and radio stations; and special-interest media such as ethnic publications, college and community newspapers, church bulletins, and corporate and community newsletters. Most libraries have media directories that you can use; your state service commission also can be helpful. Keep up with your local TV and newspaper coverage to identify reporters who cover social and community issues, or columnists who might be interested in your efforts.

### 3. Develop your pitch and prepare materials to support your outreach.

What is your news hook? What will convince the media that your story is newsworthy, timely, and interesting? For some media outlets, the event itself may be interesting enough to gain coverage. For other outlets, you may need to supplement your pitch with the opportunity to interview someone of interest (i.e. - local business leader who has been particularly involved in your organization). You may also want to provide a compelling volunteer story or a description of a particularly successful service project. It is up to you to package your event in a way that will highlight and attract media attention. Once you have a succinct message or “pitch”, prepare a media advisory, press release, and op-ed or letter to the editor that reinforces your message. These are standard tools for communicating with the media and will help generate interest in your event.

- **Media Advisory** – A media advisory should be short and specific – including details on who, what, when, where and why of the event, as well as contact information. The advisory should be faxed to everyone on your media contact list **three or four days** prior to your activity. May be used in lieu of or in addition to a press release.
- **Press Release** – A press release is a formal announcement of your activity or event that is written in the form of a news article. A press release is intended to spark interest and give a reporter a base for writing a story on your event. It can be written and **distributed before or after the event**.
- **Public Service Announcement (PSA)** – A PSA is usually transmitted electronically, via radio or television in a short spot of ten to sixty seconds. The Federal Communications Commission (FCC) requires that stations donate a certain amount of airtime to serve the public and the community, so they are usually easier to get aired than a press release. The PSA should be faxed to radio and television stations at least **two to three weeks** prior to your event.
- **Op-Ed or Letter to the Editor** – An op-ed is an opinion piece that advances an opinion or challenges the reader’s thought. Written by a reader on a topic that is relevant to a newspaper’s audience, op-eds tend to offer a local perspective on a national concern. Op-eds often appear opposite the editorial section, making them widely read.
- **Posters** – A graphic tool displayed throughout the community to attract public interest. Posters should be aesthetically attractive, encouraging community members to stop and read; summarize only the most pertinent information; and provide contact details for more information. It is important to hang up posters throughout your community more than once, as posters are often removed by other people.

#### 4. Work the phones and follow-up!

Newspapers and television stations get hundreds of press releases and story ideas every day. **Always follow up your media advisories and press releases with telephone calls to pitch your event and gauge interest.** Be prepared to answer questions and offer information like photo and interview opportunities that will help reporters craft a story.

- **Print** – It is best to call a newsroom between 10:00 a.m. and 2:00 p.m., when reporters are likely to be available and not on deadline.
- **Television** – Planning editors generally take calls between 10:00 a.m. and 3:00 p.m., but not around the noon hour, when they are putting together their mid-day news show. It is best to call the assignment desk after the morning planning meeting, which usually ends between 9:30 and 10:00 a.m. **Don't forget to describe the story's visuals when making the pitch.**
- **Radio** – The best time to call is early—around 7:30 to 8:30 a.m. After that, the staff goes into planning meetings. You can start calling again after 10:00 a.m. News directors, reporters, and producers are often gone by the afternoon. If a reporter is not able to attend the event, offer to have one of your spokespersons do a taped interview. After the event, follow up with reporters who were interested in your event but did not attend. Call them after the event and offer to send them a press kit and the news release. Do not forget to track your media coverage. Review the stories and interviews to analyze how well your message was delivered.

#### Tips for pitching:

**DO** be concise while pitching the story

**DO** assume your event is worth a reporter attending

**DO** be enthusiastic about your event

**DO** be persistent and call back if you do not get in touch with the reporter right away

**DO** ask if the reporter is on deadline and whether it is a good time to talk

**DON'T** leave a long phone message; leave your name and number at the beginning and immediately after your brief pitch

**DON'T** call to find out if a fax or e-mail was received

**DON'T** pitch two reporters at the same news outlet at the same time

**DON'T** read a script

**DON'T** argue with a reporter

**DON'T** call during a big news story or at deadline

**DON'T** make up a response to a question you don't know the answer to; tell the reporter you will get back to him or her

\* Document modified from Corporation for National and Community Service "10 Years Serving America" website: <http://www.nationalservice.org/anniversary/media.htm>

**Please Note:** WSP information materials are provided in each site's education bin. Additional materials are also available upon request.



## Tracking

Each volunteer **must** fill out **all sections** the Volunteer Sign-in/Liability Release form. Each WSP member must ensure that the form is filled out completely and correctly. Clear handwriting greatly increases the effectiveness of the tracking system. **Each WSP member is also responsible for the information in the “For WSP Member Use Only” box at the bottom of the form.** This information allows the VMTL to accurately track which volunteers attended which events. The Volunteer Sign-in/Liability Release is available on the WSP website on the “Forms” page. Information on where to send this form is in the ISP section of your binder.

## Volunteer Management

Effective leadership of volunteers requires attention, observation, and management. During a WSP volunteer event such as an Individual Service Project, WSP members are expected to focus all their attention on the needs of their volunteers, checking in to ensure their safety, their mental and physical well-being, and their track toward attaining the objectives of the project. Volunteers are more likely to return to a WSP event when they left feeling a sense of accomplishment and welcome. WSP members are responsible for creating an engaging and educational space for their volunteers, to build a positive relationship with the surrounding communities.

An effective leader also recognizes that volunteers attend any event with differing requirements, needs, and expectations. WSP members are responsible for volunteers of any age group, skill level, or ability. If any WSP member recognizes during the pre-planning of any event that she is unable to accommodate any type of volunteer need, she is responsible for accurate communication regarding such limitations. Publicity and media tools created for the event should clearly and sensitively communicate restrictions of age, ability or skill sets. Volunteers should understand clear expectations prior to attending the event.

## Community Outreach Events

- Member activities that engage the community through education, information sharing or service.
- Community outreach includes participation in national service days, regional outreach events, participation in environmental education fairs, staffing informational booths at community festivals and fairs, participation in volunteer restoration or cleanup projects, informational presentations and 1-5 Real Science Watershed Education visits.

## Calendar of Mandatory Outreach and National Service Events

### Mandatory National Service Days

- Martin Luther King Jr. Day
- Cesar Chavez Day
- National Volunteer Week *or* National and Global Youth Service Day
- Make a Difference Day

### Mandatory Regional Outreach Events

#### *Northern Region*

- Klamath River Cleanup
- Klamath-Trinity Fish Fair
- Yreka Salmon Festival

#### *Central Region*

- Creek Days Environmental Education Fair

#### *Southern Region*

- Forest Conservation Days

## Outreach Guidelines

- Members must have mentor pre-approval for all events not mandated by WSP staff. WSP Project Manager must be informed of event for approval, member hours management and travel expense management purposes. The Outreach Team Leader must be informed of the event in order to provide guidance, proper materials, recruit member help or to attend event.
- All outreach events in which members participate must be non-political in nature and be watershed, fisheries or community-based focused.
- Participation in fundraising events for Placement Sites is not an approved activity for community outreach.
- When representing individual placement sites at community outreach events, members must also represent WSP as well by wearing AmeriCorps or WSP logo gear and making WSP brochures and information available.
- The Outreach Team Leader, another Team Leader or Staff Member will represent WSP at each major outreach event.



- See the Community Outreach Calendar for a list of major and optional outreach events. Members should think about which events they would like to participate in and discuss with mentors about scheduling for the term.

### **State and National Service Guidelines**

- State and National service is an opportunity for members to contribute time and effort to their community outside of the WSP mission work they contribute to every day.
- All members participate in a minimum of four hours of service on designated national and/or state service days throughout their term.
- Events may be preplanned or members will be responsible for seeking out events or projects to participate in. The WSP Outreach Team Leader will assist members in finding and coordinating participation in events and projects.
- Members are required to do State and National service within their local and/or regional communities. Exceptions may be made with pre-approval by the Project Manager if there is a compelling reason to participate in a service opportunity outside of their region.
- ISP's will not be approved as State and National Service opportunities for WSP members, however, coordinating an ISP on one of these days may be an excellent way to recruit community members seeking to participate in State and National Service events.
- All State and National service guidelines are subject to the Member Compliance Guidelines and Outreach guidelines.
- AmeriCorps considers National Service Days such as Martin Luther King Jr. Day a "day on" rather than a day off, therefore members are generally expected to conduct their service activity on the actual day. In the event that service opportunities are unavailable on that day due to the fact that many agencies recognize these dates as holidays, members may conduct their service requirements within in a 10 day window with pre-approval from the Outreach Team Leader and Project Manager.
- Members are strongly encouraged to utilize the opportunity to do work outside of the WSP mission and to engage directly with members of their local community.
- Work at WSP Placement Sites will not count as National Service.

#### Examples of State and National service outreach opportunities:

- Helping to build a community garden
- Serving food and/or organizing inventory for a food bank
- Walking dogs at a pet shelter
- Rebuilding used bikes for low income families

#### Examples of Inappropriate State and National Service opportunities:

- A beer and wine gala fundraiser for a local organization
- Answering phones for a public television auction
- Tabling for a political candidate at an art reception

\*Note: These events are considered inappropriate because they violate the AmeriCorps Watershed Stewards Project and California Conservation Corps Policies and Guidelines.

**Member Compliance Guidelines:**

- Be aware and understand WSP member community outreach obligations.
- Members must participate in National/State service Days listed above.
- Members must participate in their region's mandatory outreach event(s) as listed above.
- All members must wear AmeriCorps or WSP logo gear to all outreach events they participate in.
- Keep in mind when tracking/managing member hours that community outreach events often occur on weekends; therefore, time off throughout the week to balance hours may be necessary. Members should coordinate their schedule with their mentor.
- Obtain mentor pre-approval to attend non-mandatory events **within** your region, for hours management purposes.
- Obtain mentor and WSP Project Manager pre-approval to attend non-mandatory events **outside** your region, for hours management and travel expense management purposes.
- Carpool in site vehicles to minimize travel expenses. Any personal vehicle mileage or other travel expenses must be pre-approved by the WSP Project Manager.
- Complete and submit appropriate paperwork (Outreach Log) to the OTL in a timely manner. The most up-to-date version of the Outreach Log is available online in the Forms section of the WSP website.
- Complete and submit an Outreach Event Evaluation to the OTL after participation in select outreach events. The evaluation will be handed out on site or via email immediately following the event.

**Real Science Watershed Education Program**

The *Real Science* Watershed Education Program provides K-12 classrooms with quality watershed and salmonid lessons which students can then apply to understanding their local environment. The *Real Science* Watershed Education Program is promoted throughout WSP's service region and coordinated by the Education Team Leader. The program pairs classrooms with trained members and is provided at no cost to schools within the WSP service region. Members work with teachers to tailor six - 60 minute interactive lessons focusing on watersheds and responsible land use practices, the water cycle, the salmonid life cycle, anatomy, habitat needs, macroinvertebrates and more.

Real Science is a requirement for all WSP members during their term of service. A *Real Science Series* is six visits to one classroom. If teaching individually, each WSP member is required to visit one classroom six times. If teaching as a pair, the pair must visit at least two classrooms six times each. Classrooms, number of teaching assignments and Education Team Leader involvement will vary depending on placement site focus, locations and time available.

Please refer to the WSP Education Handbook for teaching specifics, forms and curriculum.



## Volunteer Recruitment

### Creek Geeks

New in Year 14, Creek Geeks is a returning volunteer program created to recognize and retain WSP volunteers. Every WSP member is required to organize an Individual Service Project (ISP) and recruit 15 volunteers to perform some type of restoration work. For more description, please see the ISP section in this binder. Creek Geeks provides the WSP volunteers with a sense of place and investment in our program.

### Why create a returning volunteer program?

Restoring habitat is essential to repair and sustain our watersheds for both salmonid and human use. Creek Geeks are community members of any age, experience level, or educational background working together toward one goal to enhance watershed health.

The WSP initiated the Creek Geeks program to fulfill the following purposes:

1. A returning volunteer program creates an investment into the WSP that can only multiply as our program becomes better known within our communities.
2. Interested volunteers may actually become WSP members later, thus extending our member recruitment efforts into all regions and having members begin with a little more knowledge about our program.
3. If other folks from other organizations are introduced to and invested in our program, our network of friends and affiliates grows stronger and advocates for our program.
4. More volunteers get more work done and increase the overall vitality of our watersheds.
5. ISPs can double as a restoration skills-share, and community members may form regional collectives for grassroots efforts.
6. Reliable returning volunteers will enhance the ease of the ISP facilitation.

### Who are the Creek Geeks?

Creek Geeks are any volunteers who participate in WSP ISPs or other WSP activities. By dovetailing the ISP requirement with the Creek Geeks program, the volunteer tracking will be easier, and the focused and invested volunteer can get more work done. Furthermore, Creek Geeks are not just individuals. Clubs, non-profits, businesses, community members, and anyone else interested in getting outdoors and making our watershed healthier for fish and other wildlife can be Creek Geeks. Community service hours can also be earned through Creek Geeks.

### What activities constitute Creek Geeks activities?

Any ISP is automatically a Creek Geeks activity. If a member organizes another restoration activity outside of their ISP that is a WSP event (not, for example, a site-specific event), that is also a Creek Geeks activity. Outreach events that we get volunteers for, including tabling, festival assistance, etc, are not considered Creek Geeks events. They are solely restoration-focused.

### What are the benefits to volunteers?

- Networking opportunities: Members of non-profits and government agencies often join in our volunteer efforts.
- A sense of accomplishment: Volunteer service is something people give freely, so it's a feel-good opportunity.
- A restoration education: As ISPs must be restoration-focused, volunteers will learn how to use restoration tools and techniques at every event.

### Creek Geeks Check Points and Memorabilia

What better incentive and presents can we give to volunteers but schwag?? The guidelines are thus:

- Attend 5 events: Creek Geek T-Shirt
- End of the Year Creek Geek Celebration, organized by the Volunteer/Media Team Leader.

How will we get the schwag to the volunteers, you ask?? Well, the tracking sheet, mentioned below, is very important. If volunteers want schwag, **they have to put their email on the Volunteer Sign-In/Liability Release form.**

### Helpful Definitions

**Creek Geeks volunteer:** a volunteer who participates with a WSP member-led restoration event. .

**Creek Geeks returning volunteer:** a volunteer who participates with a WSP member-led restoration event more than once during a calendar year.

**Creek Geeks volunteer events:** any WSP restoration-focused event. Member site-sponsored events do not count unless the WSP member collaborated and assisted with the volunteer recruitment efforts. Why such a limited definition? This is the easiest way for our busy program to add the Creek Geeks to its workload. Limiting the definition allows the WSP program to absorb a volunteer management system into its heavy workload



## WSP Member Recruitment Activities Overview

### Potential Recruitment Methods:

**Career Fairs/Tabling:** Humboldt State University, College of the Redwoods, Sonoma State University, San Francisco State University, Chico State University, UC Berkeley, UC Davis

**Online Listings:** AmeriCorps, WSP, EcoEmploy, Environmental Career Opportunities, Environmental Jobs, Environmental Education Network, Orion Grassroots Network, IdeaList, Liberal Arts College Network, and various university listings

**Newsletters:** National Association of Service and Conservation Corps, PeaceCorps Hotline

**Mailings:** Various colleges/universities, email mentors poster for localized recruitment

### Site Specific Recruitment:

WSP expects members and mentors at placement sites to be actively involved in the recruitment process. Members and mentors will post flyers and announcements in their communities and within their local networks. Members and mentors will also reach out to their Alma matter and personal networks.

\* Additional recruitment suggestions should be forwarded to WSP Project Manager.

### Applicant Interview Process:

WSP Responsibilities:

- WSP will conduct phone interviews with qualified applicants to assess program match based on background, experience, interests, and personality.
- At the end of the interview, staff will discuss placement site options and schedule candidates for phone interviews with an average of three sites that would be a good match.
- Staff will request that candidates contact WSP with site rankings after completing all their interviews.
- WSP will forward application packets and interview schedule via email (Adobe PDF format) to corresponding placement sites for review following completion of program interviews.

Placement Site Responsibilities:

- Prior to WSP interviews, mentors will notify Office Manager of interview schedule availability.
- Mentor(s) will conduct phone or in person interviews with all candidates.
- If a mentor needs to reschedule an interview, s/he should contact the candidate directly.
- Mentors will respond to WSP Project Manager with candidate rankings and comments following the completion of interviews

Member Placement Process:

- WSP will match candidates to placement sites with consideration of program, placement site, and candidate rankings.
- Every effort will be made to place top ranking candidates at each site as possible.

**Service Year 18 – 2011/12 Program Calendar**  
**WSP – SERVICE YEAR 18 (2011/12)**

**3 Mentor Training**  
3-7 Member Orientation  
8 Weaverville Salmon Festival  
8 Blue Card Training (CCC/WSP/DFG)  
10-11 Team Leader Training  
18-19 N Region Training (Yreka)  
20 Yreka Salmon Festival (N Reg)  
22 Make a Difference Day (NSD)  
24-27 C Region Training (Fortuna)  
28 Strategic Planning Meeting  
31 Site Paperwork DUE

OCTOBER 2011						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

APRIL 2012						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

TBA Klamath River Clean Up (N Reg)  
TBA DFG Habitat Type Training (Fortuna)  
2 Trib Tribune Submissions DUE (C Reg)  
4-7 Salmonid Restoration Federation (Davis)  
15-21 National Volunteer Week/  
Global Youth Service Day (NSD)

2-3 S Region Training (SLO)  
11 Veteran's Day Holiday  
24-25 Thanksgiving Holiday  
29 Member Conference Call

NOVEMBER 2011						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

MAY 2012						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

TBA All AmeriCorps Week  
1 Strategic Planning Meeting  
3 Advisory Committee Meeting  
14-18 Creek Days Education Fair (C Reg)  
28 Memorial Day Holiday  
29 Member Conference Call

1 Advisory Committee Meeting  
26 Christmas Holiday

DECEMBER 2011						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JUNE 2012						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

TBA AmeriCorps Staff Conference  
TBA Klamath-Trinity Fish Fair (N Reg)  
25-29 WSP Summer Training

2 New Years Holiday  
3 Trib Tribune Submission DUE (N Reg)  
16 Martin Luther King Day (NSD)  
17 PSV Klamath (YTEP)  
18 PSV Eureka (DFG/USFS SO)  
23 PSV Ventura (CallTrout)  
24 PSV Santa Barbara (DFG)  
25 PSV SLO (Steelhead Initiative)  
30 PSV Arcata (HFAC/DFG)  
31 PSV Fortuna (DFG x 3)  
31 Member Conference Call  
31 Mid-Term Evaluations DUE

JANUARY 2012						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

July 2012						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

2 Trib Tribune Submissions DUE (S Reg)  
4 Fourth of July Holiday  
31 Member Conference Call  
31 End of Term Evaluations Due

1 PSV Fortuna (CCC/ERWIG)  
6 PSV Santa Cruz (RCD)  
7 PSV San Francisco (FMSA)  
8 PSV Petrolia (MSG/MRC)  
13 PSV Yreka (DFG)  
14 PSV Orleans (USFS/MKWC)  
15 PSV Willow Creek (USFS)  
20 President's Day Holiday  
21 PSV Fort Bragg (DFG)  
22 PSV Fort Bragg (USFS RSL)  
24 PSV Fortuna (WSP)  
27 PSV Fairfax (MMWD)  
28 PSV Eldridge (SEC)  
29 PSV Hopland (DFG)

FEBRUARY 2012						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29			

August 2012						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

TBA Klamath Salmon Festival  
8-10 Member Exits (Fortuna)  
10 Member Recognition Ceremony/  
Member Last Day of Service (Fortuna)

TBD Forest Conservation Days (S Reg)  
12-16 WSP Spring Training  
27 Member Conference Call  
31 Cesar Chavez Day (NSD)

MARCH 2012						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September 2012						
S	M	T	W	Th	F	S



## WSP Forms and Instructions

### Due Date Calendar

#### AmeriCorps Watershed Stewards Project

Service Year 18 – 2011/12

Member Paperwork Due Dates

DATE	Document	Submission Method
Monthly:		
10	Outreach Logs	Email to <a href="mailto:wsp.otl@ccc.ca.gov">wsp.otl@ccc.ca.gov</a>
10	STD 634	Postal mail original
10	Safety Logs	Postal mail original
10	Travel Expense Claims	Postal mail original
10	Voyager Card Receipts	Postal mail original
10	Database Entries complete	online
October:		
31	Orientation Checklist	Postal mail original
January:		
31	Mid-term Placement Site Evaluation	Email to <a href="mailto:WSP.Forms@ccc.ca.gov">WSP.Forms@ccc.ca.gov</a>
July:		
31	End-of-term Placement Site Evaluation	Email to <a href="mailto:WSP.Forms@ccc.ca.gov">WSP.Forms@ccc.ca.gov</a>
31	Program Evaluation	Email to <a href="mailto:WSP.Forms@ccc.ca.gov">WSP.Forms@ccc.ca.gov</a>

ADDITIONAL FORMS	DUE DATE	SUBMITTED TO:
ISP Documents		
Proposal and Job Hazard Analysis Form	6 weeks prior to project date	<a href="mailto:wsp.vmtl@ccc.ca.gov">wsp.vmtl@ccc.ca.gov</a>
Pre-Project Media	4 weeks prior to project date	<a href="mailto:wsp.vmtl@ccc.ca.gov">wsp.vmtl@ccc.ca.gov</a>
Post Project Media	48 hours after	<a href="mailto:wsp.vmtl@ccc.ca.gov">wsp.vmtl@ccc.ca.gov</a>
Volunteer Log	2 weeks after	<a href="mailto:wsp.vmtl@ccc.ca.gov">wsp.vmtl@ccc.ca.gov</a>
ISP summary	2 weeks after	<a href="mailto:wsp.vmtl@ccc.ca.gov">wsp.vmtl@ccc.ca.gov</a>
ISP Evaluation	2 weeks after	<a href="mailto:wsp.vmtl@ccc.ca.gov">wsp.vmtl@ccc.ca.gov</a>
Outreach Documents		
Outreach Event Log	10 <sup>th</sup> of the following month	<a href="mailto:wsp.otl@ccc.ca.gov">wsp.otl@ccc.ca.gov</a>
Outreach Event Evaluation	10 <sup>th</sup> of the following month	<a href="mailto:wsp.otl@ccc.ca.gov">wsp.otl@ccc.ca.gov</a>
Education Documents		

Education Log	By the 10 <sup>th</sup> of the month following completion of <i>Real Science</i>	<a href="mailto:wsp.etl@ccc.ca.gov">wsp.etl@ccc.ca.gov</a>
Pre-Post Test Tally	By the 10 <sup>th</sup> of the month following completion of <i>Real Science</i>	<a href="mailto:wsp.etl@ccc.ca.gov">wsp.etl@ccc.ca.gov</a>
Teacher Perception Survey	Postmarked by 10 <sup>th</sup> of the month following completion of <i>Real Science</i>	Postal mail originals to ETL
Teacher-Member Contract	Postmarked by 10 <sup>th</sup> of the month following completion of <i>Real Science</i>	Postal mail originals to ETL
Pre & Post Tests (hard copies)	Postmarked by 10 <sup>th</sup> of the month following completion of <i>Real Science</i>	Postal mail originals to ETL



## Mentor/Site Development Forms

### Purpose:

To document agreements between the WSP Mentors and Members, and define placement site duties, responsibilities and opportunities throughout the full term of the WSP Member.

### When to Use:

Must be completed through a collaborative effort by both the Member and Mentor at the beginning of each Member term. If agreements change during the term of service, please revise or add information to the original agreement, and both the Member and Mentor must resign and re-date.

### Location of Form:

This form is available on-line at [http://www.WatershedStewards.com/member\\_forms](http://www.WatershedStewards.com/member_forms)

### Where and When to Deliver:

This completed agreement must be submitted to the WSP Office no later than October 31st. If revisions or additions are made, these must be submitted within seven days of signature on the revised agreement.

### Authorizations:

Mentor/Member Agreements are reviewed by the WSP Staff to ensure the agreements:  
satisfy WSP Member Objectives,  
can be accomplished in the time allotted, and  
are appropriate to the WSP and AmeriCorps

If the agreement is determined to be inadequate, WSP Staff will ask the member and mentor to review, correct, and resign the agreement.

### Monitoring and Follow Up:

Accomplishments of the agreements are documented on various reports such as the Daily Project Log and Outreach Log. Mid and End of term Member Evaluations are largely based on the accomplishment of the activities and goals defined in this agreement. WSP Staff will review the agreement with the Mentor and Member during the placement site visit to assess progress and any assistance needed.

## Mentor/ Member Agreement



Watershed Stewards Project  
Mentor/Member Agreement  
Service Year 18 – 2011-2012

This agreement between (Member) and (Mentor) outlines the placement site duties, responsibilities, and opportunities throughout the service year.

### Article I - Mutual Responsibilities

The terms of this agreement shall be for one complete term of service beginning October 3<sup>th</sup>, 2011 and ending August 10<sup>th</sup>, 2012.

This agreement may be revised as necessary by both parties throughout the term of service. All agreed upon alterations or variations of the terms of this agreement shall be made in writing and signed by the parties hereto.

Mentor and Member shall maintain good communication regarding all terms of this agreement, including new issues or concerns that arise throughout the term of service.

### Article II - Member Responsibilities

Member shall participate in monthly mentor/member meetings to receive training, support, and guidance as necessary and update Mentor on member progress.

Member shall agree to agree to the following schedule as outlined in the placement site orientation:

Days: \_\_\_\_\_ Arrive: \_\_\_\_\_ Depart: \_\_\_\_\_ Lunch  
Break: \_\_\_\_\_ min.

Member shall agree to complete the following duties as required by WSP:

- Complete one Real Science education series (minimum of six visits with one class).
- Participate in the regional mandatory outreach event(s).
- Recruit a minimum of 15 volunteers to participate in service activities with Member throughout the term.
- Complete one Individual Service Project.

Member shall agree to complete the following site duties as specified by the Mentor.

- A. Watershed Assessment/Fieldwork



- B. Training / Professional Development
- C. Education and Outreach
- D. Individual Service Project

Member shall agree to a reasonable amount of pre-approved time off with respect to the site’s demanding seasons. All requests for time off exceeding 1 day require the member to complete and submit a Vacation Request Form for mentor and WSP Staff approval.

**Article III - Mentor Responsibilities**

Mentor shall schedule and participate in monthly mentor/member meetings to provide projects, support, and guidance as necessary.

Mentor shall provide the following opportunities or allowances for Member as agreed upon by both parties.

- A. Watershed Assessment/Fieldwork
- B. Training / Professional Development
- C. Education and Outreach
- D. Individual Service Project

Mentor shall agree to provide ample time for Member to complete required WSP duties.  
Mentor shall agree to provide assistance managing member hours and activities throughout the term.

Member Name	Member Signature	Date
Mentor Name	Mentor Signature	Date

Upon completion, please submit electronically to [WSP.FORMS@CCC.CA.GOV](mailto:WSP.FORMS@CCC.CA.GOV)

## Mentor/ Member Monthly Meeting

**Purpose:**

To guide and document discussions during monthly meetings.

**When to Use:**

The Mentor and Member can both complete this form either in preparation for monthly meetings or during meetings to document happenings.

**Location of Form:**

Available on-line at [http://www.WatershedStewards.com/member\\_forms](http://www.WatershedStewards.com/member_forms).

**Where and When to Deliver:**

Both the Mentor and Member should file a copy of this document for continued reference.

**Authorizations:**

The Mentor and Member should agree on meeting documentation and may elect to sign the form as verification of content.

**Monitoring and Follow Up:**

This document should be used as a reference for monthly projects and schedules, and should be reviewed at each subsequent meeting to assess progress. If issues or concerns arise throughout the term, WSP Staff may request to see copies of these as evidence of monthly meetings.



Watershed Stewards Project  
Mentor/Member Monthly Meeting

Attendees: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_ Time: \_\_\_\_\_

Points to cover from last meeting:

- 
- 
- 
- 

Member:

What activities have you been involved with over the last month (progress, challenges, etc.)?

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---

What do you enjoy most and least about what you have been doing?

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---

What upcoming activities or trainings are you interested in doing this month (review schedule)?

---



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---

Are there any areas of interest you would like to focus on over the next month?

---



---



---

Issues (potential problems, changes to Mentor/Member Agreement, etc.):

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Mentor:

What projects are you involved in during the next month that could include the member?

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---

---

What upcoming activities or trainings do you have planned for the member (review schedule)?

---

---

---

Are there any areas of interest you would like the member to focus on over the next month?

---

---

---

Issues (potential problems, changes to Mentor/Member Agreement, etc.):

---

---

---

Next Scheduled Meeting

Date:

Time:

Location:



## Placement Site Orientation Checklist

**Purpose:**

To ensure members receive a comprehensive introduction to the placement site including important safety information.

**When to Use:**

During Placement Site Orientation, typically conducted during the members' first day of work.

**Location of Form:**

Available on-line at [http://www.WatershedStewards.com/member\\_forms](http://www.WatershedStewards.com/member_forms)

**Where and When to Deliver:**

A signed copy of the form should be submitted to the WSP Office no later than **October 29<sup>th</sup>**.

**Authorizations:**

The Placement Site Orientation Checklist should be reviewed and discussed by the Mentor and Member(s). All parties should sign the document as evidence of review.

**Monitoring and Follow Up:**

Placement Site Orientation Checklists are reviewed by the WSP Staff to ensure placement site compliance with safety regulations.

**Placement Site Orientation Checklist**

This checklist is intended to guide and document the WSP members' orientation to the placement site, including safety. Please submit upon completion to the WSP Project Manager no later than January 31<sup>st</sup>.

Member Name(s): _____	Date: _____
Member Signature(s): _____	
Mentor Name: _____	Placement Site: _____
Mentor Signature: _____	

Orientation Topics	Complete	Comments/Notes
Introduce members to site staff (roles, etc.)		
Show work area entrances, exits, & break rooms		
Show where to park personal vehicles and inform of any parking regulations		
Specify work schedule, break frequency and lengths, and procedure if they are sick or unable to attend work		
Explain office norms (dress, etc.)		
Show member work space (computers, phones, etc.)		
Explain office equipment (copier, fax, etc.)		
Explain necessary safety procedures or safety equipment (complete any necessary documentation)		
Provide general policies and instruction on site vehicle use, including check out and accident procedures		
Distribute any necessary keys, passwords, etc.		
Establish time to complete Mentor/ Member Agreement		
Establish monthly meeting time		
Have member complete Emergency Notification Form to keep on file at placement site		

Safety Considerations	Yes	No	N/A	Location(s) and Corrective Actions	Date Corrected
<b>Placement Site Work Environment</b>					
Are all work areas clean and sanitary?					
Is the noise level within an acceptable range?					
Is ventilation adequate?					
<b>Walking &amp; Working Areas</b>					
Are carpet/floor tiles secure?					
Is carpeting free of tears or trip hazards?					
Are floors free of water or slippery substances?					



Safety Considerations	Yes	No	N/A	Location(s) and Corrective Actions	Date Corrected
Are floor/running mats used at building entrances to prevent trips?					
Are protective guards in place?					

Walking & Working Areas (con't.)					
Are materials and cords stored so they don't interfere with walkways?					
Are aisles free of boxes, wastebaskets, chairs, and other obstacles that impede egress?					
Is storage secure and stable?					
Are ceiling tiles secure?					
Are vents free of obstructions?					
Are fans/space heaters properly used and ventilated?					
Emergency and Safety Information					
Is the OSHA poster on display?					
Are evacuation routes posted?					
Are emergency phone numbers posted?					
Are members trained on emergency procedures?					
First Aid					
Are CPR/first aid kits accessible and fully stocked?					
Are CPR/first aid kit locations adequate					
Are an adequate number of first aid trained personnel available?					
Ergonomics					
Are members advised on proper lifting technique?					
Are ergonomic conditions adequate?					
Fire Safety and Prevention					
Are fire extinguishers fully charged and inspected monthly? (tag, date, initial)					
Are members properly trained to use fire extinguishers					
Are extension cords used only in an emergency and for temporary use only?					

Are all appliances plugged directly into wall outlets?					
Is heat producing equipment turned off at night when no one is present?					
<b>Chemical Storage &amp; Safety</b>					
Are chemicals properly stored?					
Are all containers labeled?					
Are eyewash/shower layout locations adequate and unobstructed?					



## WSP Mission Exemption Form

**Purpose:**

To track and document the type and amount of non-mission related work WSP members are participating in.

**When to Use:**

As opportunities arise to participate in a task or project that is not strictly linked to the WSP Mission.

**Location of Form:**

Available online at: [http://www.WatershedStewards.com/member\\_forms](http://www.WatershedStewards.com/member_forms)

**Where and When to Deliver:**

Submit electronically to [WSP.FORMS@CCC.CA.GOV](mailto:WSP.FORMS@CCC.CA.GOV) at least 2 weeks prior to beginning the work.

**Authorizations:**

Project Manager and Project Director will review the information provided. If necessary, the request will be presented to the WSP Advisory Committee.

**Monitoring and Follow Up:**

Form is used to report the types and frequency of work that members are participating in that does not directly relate to the WSP mission.



Watershed Stewards Project  
Mission Exemption Form

Member Name	
Mentor Name	
Placement Site	
Project Title	
Project Description: describe how project relates to the WSP mission  *Use extra paper if necessary	
Estimated percentage of time members will spend on project throughout their term of service  *percentage is based on the 1700 hour term	Estimated number of hours: _____  Percentage: _____%
Date(s) of Project	

\*WSP Approval: To be completed by *WSP Staff* only.

Reviewed By:	Date <a href="#">Click here to enter a date.</a>
<b>Approved</b> <input type="checkbox"/> <b>Not Approved</b> <input type="checkbox"/>	

Please submit electronically to [WSP.FORMS@CCC.CA.GOV](mailto:WSP.FORMS@CCC.CA.GOV)

The mission of the AmeriCorps Watershed Stewards Project (WSP) is to conserve, restore, and enhance anadromous watersheds for future generation by linking education with high-quality scientific practices. A special project of the California Conservation Corps, WSP is administered by CaliforniaVolunteers and sponsored by the Corporation for National and Community Service.



## Monthly Safety Meeting Log

**Purpose:**

To document safety and health training as required by Title 8, California Code of Regulations, Section 3203(a)(7) for each WSP member. A minimum of four meetings per month are required.

**When to Use:**

At the end of each safety meeting. Complete the information about each safety meeting as they happen.

**Location of Form:**

Available online at: [http://www.WatershedStewards.com/member\\_forms](http://www.WatershedStewards.com/member_forms).

**Where and When to Deliver:**

The original, completed Monthly Safety Meeting Log is due to the WSP Office by the 10th of every month.

**Authorizations:**

Member and Mentor signatures in blue ink are required on each log.

**Monitoring and Follow Up:**

Completion of monthly safety log is monitored. Completed logs are maintained on file for one year.



Watershed Stewards Project  
Monthly Safety Meeting Log

Documentation of safety and health training is required by Title 8, California Code of Regulations, Section 3203(a)(7) for each WSP member. Please include all member & mentor signature(s) and/or other identifier, safety meeting dates, duration of meeting and type(s) of training. This documentation will be maintained for 1 year.

To comply with this regulation, each Placement Site needs to document weekly safety discussions (minimum 4 meetings per month) on the Monthly Safety Meeting Log. The completed Monthly Safety Meeting Log is due to the WSP Office by the 10th of every month. Please forward this documentation to: **WSP ATTN: Monthly Safety Meeting Log, 1455-C Sandy Prairie Court, Fortuna, CA 95540.**

A. PLACEMENT SITE INFORMATION			
WSP Placement _____	Month: _____		
Member Name: (please print) _____	Member Name: _____	Signature: _____	Signature: _____
Member Name: (please print) _____	Member Name: _____	Signature: _____	Signature: _____
Mentor Name: (please print) _____	Mentor Name: _____	Signature: _____	Signature: _____
Mentor Name: (please print) _____	Mentor Name: _____	Signature: _____	Signature: _____

B. SAFETY TOPICS
The <i>suggested</i> Safety topics are listed on this form. The date, topic, and length of discussion should be documented.

Date of Discussion	TOPICS	Length of Discussion
SITE SPECIFIC SAFETY		
_____	<input type="checkbox"/> _____	_____
_____	<input type="checkbox"/> _____	_____
_____	<input type="checkbox"/> _____	_____
_____	<input type="checkbox"/> _____	_____
_____	<input type="checkbox"/> _____	_____
GENERAL SAFETY		
_____	<input type="checkbox"/> Rights and Responsibilities for Safety	_____
_____	<input type="checkbox"/> Safety Communication System	_____



_____	<input type="checkbox"/>	Accident and Exposure Investigations	_____
_____	<input type="checkbox"/>	Hazard Correction	_____
_____	<input type="checkbox"/>	Other _____	_____
_____	<input type="checkbox"/>	Other _____	_____

**HAZARDS**

_____	<input type="checkbox"/>	Project Hazards and Identification	_____
_____	<input type="checkbox"/>	Compressed Air	_____
_____	<input type="checkbox"/>	Fire	_____

_____	<input type="checkbox"/>	Cutting Wood	_____
_____	<input type="checkbox"/>	Horseplay	_____
_____	<input type="checkbox"/>	Poison Oak	_____
_____	<input type="checkbox"/>	Insects/Snakes/Rodents	_____
_____	<input type="checkbox"/>	Other _____	_____

**SAFE PRACTICES AND AWARENESS**

_____	<input type="checkbox"/>	Preventative Measures	_____
_____	<input type="checkbox"/>	Safety Apparel & Equipment	_____
_____	<input type="checkbox"/>	Proper Lifting	_____
_____	<input type="checkbox"/>	First Aid	_____
_____	<input type="checkbox"/>	Housekeeping	_____
_____	<input type="checkbox"/>	Materials Handling	_____
_____	<input type="checkbox"/>	Hearing Conservation	_____
_____	<input type="checkbox"/>	Work Habits	_____
_____	<input type="checkbox"/>	Medical Facilities and Emergencies	_____
_____	<input type="checkbox"/>	Blood-Borne Pathogens	_____
_____	<input type="checkbox"/>	Infectious or Communicable Diseases	_____
_____	<input type="checkbox"/>	Other (specify): _____	_____

**ACCIDENTS AND INJURIES**

_____	<input type="checkbox"/>	Bites and Stings	_____
_____	<input type="checkbox"/>	Head	_____
_____	<input type="checkbox"/>	Hands - Fingers - Wrist	_____
_____	<input type="checkbox"/>	Slips and Falls	_____
_____	<input type="checkbox"/>	Neck	_____
_____	<input type="checkbox"/>	Back	_____
_____	<input type="checkbox"/>	Eyes and Face	_____

_____ _____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Repetitive Motion Lyme Disease Reporting Work-Related Injuries Other _____	_____ _____ _____ _____ _____
<b>TOOLS AND TOOL USE</b>			
_____ _____ _____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chainsaws Power Tools Hand Tools Welding Other _____ Other _____	_____ _____ _____ _____ _____ _____



## WSP Request for Member Assistance

### Purpose:

To provide members the opportunity to obtain member assistance for events or projects at their placement site and to provide guidelines for those members participating. Also, to provide Project Manager with pertinent information needed for pre-approval requests from assisting members and to track program expenses.

### When to Use:

To recruit assistance from members placed in other regions. Examples include: field work duties, education, and outreach events. This is not meant to be used to recruit WSP members as volunteers or assistants for ISP's.

### Location of Form:

Available online at: [http://www.WatershedStewards.com/member\\_forms](http://www.WatershedStewards.com/member_forms).

### Where and When to Deliver:

Submit request form to [wsp.forms@ccc.ca.gov](mailto:wsp.forms@ccc.ca.gov) at least 2 weeks prior to date of event or project. Upon approval, include the form as an attachment to all members the request is being sent to.

### Authorizations:

Approval by the WSP Project Manager or Project Director is needed for completion of form. Approval must be obtained before announcing the opportunity to members.

### Monitoring and Follow Up:

Completed Request for Member Assistance forms will be recorded and filed electronically by the WSP Staff for future reference. Any member assisting the host members project will need to comply with the guidelines outlined in the request (i.e. pre-approved lodging, meals, and mileage clarifications).



## Watershed Stewards Project Request for Member Assistance

**Contact Information of Member(s) Requesting Assistance:**

Name(s):   
Phone:   
Email(s):   
Placement Site:

---

**Project Information:**

Title of Project:   
Date:   
Time:   
Location:   
# of Members Requested:   
Materials Needed:

---

**WSP Approvals:** To be filled out by WSP Staff only.

Regions:  North  Central  South

Expenses:

Food:  Restaurant  Grocery Shopping  Other

Lodging:  Camping  Hotel  Other

Transportation:  Site Vehicle  Personal Vehicle (mileage)

Comments:

**Submit electronically to [WSP.FORMS@CCC.CA.GOV](mailto:WSP.FORMS@CCC.CA.GOV)**



## The Database - Daily Project Log

### Purpose:

To gather information from members regarding their daily service activities.

### When to Use:

Monthly submissions of your service activities will be due by the 10<sup>th</sup> each month for the previous State Pay Period. However, it is recommended that you complete the online database with your service activities daily.

### Location of Form:

The Database is located at: [https://webaspps.ccc.ca.gov/WSP\\_Database](https://webaspps.ccc.ca.gov/WSP_Database). You will be provided a login name and password with which to access the Database. The Database also follows the State calendar for hours reporting. You will be able to run reports on aggregate hours and statistics, or you can run a report for a specific period of time for your STD 634 paperwork. There is a link to the Database located at [http://www.WatershedStewards.com/member\\_forms](http://www.WatershedStewards.com/member_forms).

### Where and When to Deliver:

Completed Database entries should be submitted for the STD 634 reporting period by the 10<sup>th</sup> of the following month by 5:00 PM. If Members will be out of the office on the due dates, the log must be submitted early.

### Authorizations:

No signature required.

### Monitoring and Follow Up:

Mentors are required to review Members' Database entries for accuracy. Daily service activities will also be reviewed and monitored by WSP Staff for compliance with program mission and objectives. Data will be aggregated to assist with program reporting, future program design, and evaluation.

Total monthly hours entered are used to generate monthly timesheets (known as STD 634 Absence and Additional Time Worked Reports) for the Mentor and Member to review, sign and date.

### Failure of Compliance:

If a Member fails to submit his or her Database entries by the due date, disciplinary action will be taken.

The Database Login Page:



**AmeriCorps Watershed Stewards Project**  
**MEMBER TRACKING SYSTEM**

Home Login

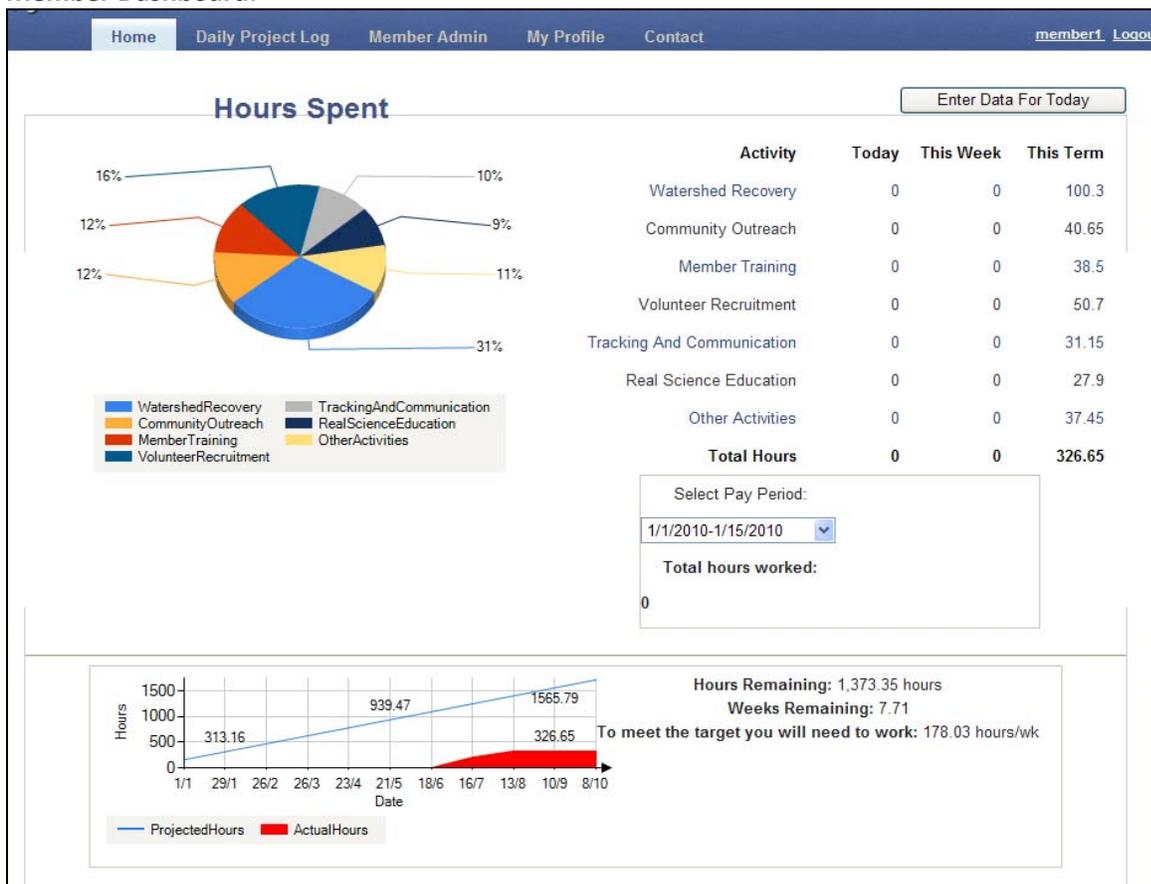
### Login Information

**Login**

User Name:

Password:

Member Dashboard:



Home Daily Project Log Member Admin My Profile Contact member1 Logout

### Hours Spent

Activity	Today	This Week	This Term
Watershed Recovery	0	0	100.3
Community Outreach	0	0	40.65
Member Training	0	0	38.5
Volunteer Recruitment	0	0	50.7
Tracking And Communication	0	0	31.15
Real Science Education	0	0	27.9
Other Activities	0	0	37.45
<b>Total Hours</b>	<b>0</b>	<b>0</b>	<b>326.65</b>

Select Pay Period:  
1/1/2010-1/15/2010   
Total hours worked:  
0

Hours Remaining: 1,373.35 hours  
Weeks Remaining: 7.71  
To meet the target you will need to work: 178.03 hours/wk



Daily Project Log Tab – Main Options:

**AmeriCorps Watershed Stewards Project**  
**MEMBER TRACKING SYSTEM**

Home **Daily Project Log** Member Admin My Profile Contact member1 Logout

**My Project Log for 9/8/2010** < Prev Day Next Day > 0 Hours for the day

Select Type of Activity

- Select--
- Select--
- Watershed Recovery
- Community Outreach
- Real Science Education
- Member Training
- Volunteer Recruitment
- Tracking And Communication
- Other Activities

Watershed Recovery:

Select Type of Activity	Watershed Recovery
Select Type of Recovery	<ul style="list-style-type: none"> <li>--Select--</li> <li>--Select--</li> <li>Stream</li> <li>Riparian</li> <li>Upslope</li> <li>Lab</li> <li>Nursery</li> <li>Database</li> <li>Grant</li> <li>Reports</li> <li>Recovery Meeting</li> </ul>

Home **Daily Project Log** Member Admin My Profile Contact [member1 Logout](#)

### My Project Log for 9/8/2010

< Prev Day    Next Day >    0 Hours for the day

Select Type of Activity	Watershed Recovery	
Select Type of Recovery	Upslope	0 hours

**Upslope Recovery :** 0 Hours

Title of the Project:  Stream Name:

Watershed Name:

Hours     minutes of prep/travel/wrap-up     Number of members in the team (including you)

Hours     minutes of actual work     Number of feet surveyed

Number of trees planted

Number of invasive species removed

Number of engineered structures

Observations:



Community Outreach:

Home Daily Project Log Member Admin My Profile Contact [member1](#) [Logout](#)

### My Project Log for 9/8/2010

< Prev Day    Next Day >    0 Hours for the day

Select Type of Activity	Community Outreach	0 hours
-------------------------	--------------------	---------

**Community Outreach Activity :** 0 Hours

Title of The event  Title of the event    Location of the event  Location of the event

--Select--  Event Type

Hours   minutes of prep/travel/wrap-up

Hours   minutes of actual work

Observations  
Text Goes Here

Real Science Education:

Home Daily Project Log Member Admin My Profile Contact [member1](#) [Logout](#)

### My Project Log for 9/8/2010

< Prev Day    Next Day >    0 Hours for the day

Select Type of Activity	Real Science Education	0 hours
-------------------------	------------------------	---------

**Real Science Education :** 0 Hours

Name of the School      Name of the teacher

Number of students

Hours   minutes of prep/travel/wrap-up

Hours   minutes real science education

Observations  
Text Goes Here

**Member Training:**

Home
Daily Project Log
Member Admin
My Profile
Contact
member1 Logout

## My Project Log for 9/8/2010

< Prev Day
Next Day >
0 Hours for the day

**Select Type of Activity** **Member Training** **0 hours**

**Member Training Activity :** **0 Hours**

Title of the Training First Restoration Project ▼

Yes Site or WSP Specific

Hours  minutes of prep/travel/wrap-up

Hours  minutes of training

Observations

Text Goes Here

Save
Cancel

**Volunteer Recruitment/ISP:**

Home
Daily Project Log
Member Admin
My Profile
Contact
member1 Logout

## My Project Log for 9/8/2010

< Prev Day
Next Day >
0 Hours for the day

**Select Type of Activity** **Volunteer Recruitment** **0 hours**

**Volunteer Recruitment Activity :** **0 Hours**

First Restoration Project Title of the project ▼

--Select-- Project Type ▼

Number of WSP members coordinating the event

Hours  minutes the event ran

Hours  minutes of prep/travel/wrap-up

Location of the event Location of the Event

Number of volunteers recruited

Observations

Text Goes Here

Save
Cancel



## Absence and Additional Time Worked Form STD 634

### Purpose:

This form is used to report the total hours worked for each pay period. The total hours reported on the 634 should reflect the same total hours that were reported on the DPL. The STD 634 substantiates the stipend for WSP members. Furthermore, member and mentor signatures verify their mutual agreement of the accuracy and legitimacy of the hours reported.

### When to Use:

This form must be completed each month by every WSP member.

### Location of Form:

Available online at: [http://www.WatershedStewards.com/member\\_forms](http://www.WatershedStewards.com/member_forms). Instructions for completion are on page two of the form.

### Where and When to Deliver:

The original, completed and signed STD 634 form must be sent to the WSP Office by the 10<sup>th</sup> of every month.

### Authorizations:

The STD 634 form requires the original signatures of both member and mentor. In addition, the completed report is forwarded to the CCC Center Director who must review and sign the original before it is forwarded to the CCC Headquarters.

### Monitoring and Follow Up:

Total service hours reported on the 634 should agree with the DPL total service hours and will be reviewed and monitored by mentors and WSP staff for compliance with program mission and objectives. The total service hours should be the only item reported on the 634 (along with members identifying information and appropriate signatures). Detailed information regarding vacation and sick days should not be included on this form.

### Background:

The information from each member's 634 is very important. It is reported to various agencies and used to validate the WSP program and its objectives.

### Failure of Compliance:

If a member fails to submit the 634 by the due date, disciplinary action will be taken.

STATE OF CALIFORNIA  
**ABSENCE AND ADDITIONAL TIME WORKED REPORT**  
STD 634 (REV 5-98)

1. MONTH		PAY PERIOD		TIME BASE	WWG	CB/ID
		YEAR	SEMIMONTHLY STATUS ONLY		ALTERNATE WORKWEEK SCHEDULE	
		2010	<input type="checkbox"/> FIRST HALF	<input type="checkbox"/> Second Half	4/10/40	9/8/80

2. NAME (First Middle Last) 3. SOCIAL SECURITY NUMBER 4. POSITION NUMBER **532-1714-3333-943**

5. ABSENCE WITH PAY

(S) <input type="checkbox"/> Sick Leave Self	(B) <input type="checkbox"/> Bereavement Leave	(C) <input type="checkbox"/> Catastrophic Leave Donations Received and Used	(J) <input type="checkbox"/> Jury Duty (Make copy for accounting)
(SF) <input type="checkbox"/> Sick Leave Family Illness	(TO) <input type="checkbox"/> Using Overtime Credits	(M) <input type="checkbox"/> Short Term Military Leave (Attach Military Duty Orders) Calendar Days:	(SW) <input type="checkbox"/> Subpoenaed Witness: Court Party City Expert
(SD) <input type="checkbox"/> Sick Leave Death in Family Relationship:	(TH) <input type="checkbox"/> Using Holiday Credits	(NDI) <input type="checkbox"/> Non Industrial Industry Temporary Disability (Report of industrial injury must be submitted)	<input type="checkbox"/> No Fees Received <input type="checkbox"/> Fees Retained <input type="checkbox"/> Fees to Remitted To State
(PL) <input type="checkbox"/> Personal Leave	(TE) <input type="checkbox"/> Using Excess Credits	<input type="checkbox"/> Industrial Disability Leave	CHARGE ABSENCE TO: <input type="checkbox"/> Vac <input type="checkbox"/> CTD <input type="checkbox"/> Absent Without Pay
(AL) <input type="checkbox"/> Annual Leave	(PH) <input type="checkbox"/> Using Personal Holiday	<input type="checkbox"/> Industrial Disability Leave With Supplementation	
(V) <input type="checkbox"/> Vacation	(SH) <input type="checkbox"/> Using Saturday Holiday	Other: _____	
	(E) <input type="checkbox"/> Paid Educational Leave		

6. ABSENT WITHOUT PAY

(L) <input type="checkbox"/> Informal Leave Granted (11 working days or less)	(A) <input type="checkbox"/> Absent Without Leave (AWOL) (19996.2OR 1572)	<input type="checkbox"/> Absent While On Probation	(ML) <input type="checkbox"/> Mentoring Leave	PAY PERIOD: <input type="checkbox"/> Qualifying
<input type="checkbox"/> Informal Leave Granted (15 working days or less) (CSUC)	<input type="checkbox"/> Temporary Leave (30 Calendar days or less)		(FM) <input type="checkbox"/> Family and Medical Leave Act (FMLA)	<input type="checkbox"/> Non-qualifying

7. DATES OF ABSENCES AND EXTRA TIME WORKED  
(Enter symbol and number of hours in date blocks. See reverse for legends and symbols not noted above. If the absence is for a compensable injury waiting period, add X to other symbol.)

REPORTING	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Month TOTAL	
7A. Int/PY hours to be paid																																		
7B. Sick																																		
7C. Bereavement																																		
7D. Vacation																																		
7E. AL																																		
7F. TO, TH, TE, FM, PH, SH, E, M, SW, J, PL, ML																																		
7G. L, A																																		
7H. Straight Time, WO P, HC, WE																																		
7I. Premium Time, WO, P																																		

8. REASON FOR ABSENCE OR EXTRA HOURS WORKED  Medical Appointment  Dental Appointment

9. CERTIFICATE BY EMPLOYEE: *To the best of my knowledge and belief, the facts stated are accurate and in full compliance with legal requirements.* EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<p>10. RECOMMENDATION AND SUBSTANTIATION OF SUPERVISOR</p> <p><input type="checkbox"/> Approval Recommended <input type="checkbox"/> Approval NOT Recommended</p> <p>Substantiation shall be required for sick leave of more than two consecutive work days. Show method of verification below.</p> <p>SIGNATURE OF SUPERVISOR _____ DATE: _____</p>	<p>11. STATEMENT BY PHYSICIAN (Not to be completed by attending physician for industrial illness or injury)</p> <p><input type="checkbox"/> Doctor Statement Attached</p> <p><input type="checkbox"/> As Physician, I examined and treated or prescribed for:</p> <p>This Patient on these dates:</p> <p>Date of return to work: _____ If still disabled, give estimated date of return to work: _____</p> <p>The illness or injury causing the disability was:</p> <p>SIGNATURE OF ATTENDING PHYSICIAN _____ DATE: _____</p>
--	---

12. Period on disability compensation	13. DISABILITY COMPENSATION SUPPLEMENT	14. Official Departmental Action:	Reviewed By:
FROM: _____ TO: _____	HOURS Sick Leave Vacation CTD Holiday Credit	<input type="checkbox"/> Approved _____ <input type="checkbox"/> Disapproved _____	_____



STATE OF CALIFORNIA
ABSENCE AND ADDITIONAL
TIME WORKED REPORT
STD. 634 (REV.5-98) (REVERSE)

INSTRUCTIONS

WWG 4C EMPLOYEES MUST CONTACT THEIR PERSONNEL OFFICES FOR INSTRUCTIONS

GENERAL INFORMATION

- 1. All absences or additional hours worked by full-time or part-time employees should be reported on one form STD. 634 for each pay period. Report all time worked for permanent intermittent and part-time employees.
2. Prepare the number of copies required by our department. Employees who want a copy for their own records, indicating supervisor's signature, may prepare an extra copy.

INSTRUCTIONS FOR FILLING OUT FORM STD. 634 BY ITEM NUMBER (see reverse side)

- 1. Enter pay period, month, and year, and complete other boxes as required by your department.
2-4. Complete name, social security number, and position number.
5. Absences with Pay--Check appropriate box, indicating type(s) of absence(s).
6. Absences Without Pay (Dock)--Complete all boxes, indicating type of unpaid absence and if the current pay period is qualified or nonqualified. Last box can be checked if employee is serving a probationary period to determine if employee will complete required number of working days.
Qualifying Pay Period--Eleven (11) or more paid days in a monthly pay period.
Nonqualifying Pay Period--Less than eleven (11) paid days in a monthly pay period.
Note: If the employee is absent without pay for more than eleven (11) consecutive working days, which falls between two (2) consecutive otherwise qualifying pay period, one (1) pay period shall be disqualifying.
7. Dates of Absences and Extra Hours Worked
7a. Enter time to be paid for each day, including paid absence hours for intermittent or part-time employees.
Note: Enter all hours to be paid in the total column.
7b. Sick and Sick Family--Provisions on the usage of sick and family sick leave are outlined by the memorandum of understanding between your exclusive representatives and the State of California.
Indicate sick leave hours with a symbol "S" or "SF" on date of absence. If more than two (2) hours are needed for a doctor's appointment, the reason should be stated in Item 8. Enter the symbol and the number of hours under the number(s) corresponding to the duties being reported.
7c. Bereavement Leave--Provisions for bereavement leave are outlined by the memorandum of understanding between your exclusive representative and the State of California.
7d. Vacation may be used in 30 minute or one (1) hour increments as outlined by the memorandum of understanding between your exclusive representative and the State of California and is shown on the appropriate date with the symbol "V".
An absence can be charged against vacation credits only when approved by the appointing power. The time at which vacation shall be taken may be specified to suit the convenience of the department. Vacation cannot be taken as an absolute right unless the appointing power does not provide a vacation for the employee for two successive years.
7e. Annual Leave--The "A/L" symbol shall be used to indicate when annual leave credits have been used.
7f. Post proper symbol and number of hours for type of absence being reported.
ML--Monitoring Leave--eligible employees may receive up to 40 hours mentoring leave per calendar year once they have used an equal amount of their leave or personal time for this activity.
FM--Family and Medical Leave Act--under certain conditions, entitles employees up to 12 weeks of unpaid leave per year.
Paid Educational Leave--Following completion of twelve (12) qualifying pay periods of continuous service, a full-time employee in State civil service employed in a position requiring teaching certification qualification shall be allowed fifteen (15) days credit or educational leave with pay. Thereafter, on the first (1st) of the pay period following each additional qualifying pay period of service, he/she shall be allowed one and one-fourth (1-1/4) days credit for educational leave with pay. The employee may earn or use educational leave credit only while in a position requiring teacher certification qualifications. The granting of paid educational leave is at the discretion of the appointing power.
Military Leave--Attach a copy of any applicable military order. Every calendar day must be recorded, including any Saturday, Sunday, or holiday.
Jury Duty or Subpoenaed Witness--An employee may be absent with pay for time actually served to perform jury duty or for time subpoenaed as a witness in a court case when the employee is neither a party nor an expert witness, providing the employee remits the fee to the State. If the fee is retained, either a charge is made against the employee's accumulated leave balance or absence is without pay. It is up to the employee to demand of the party requesting their appearance a subpoena and whatever fees and travel allowance that may be allowed by law. Witness fees for a civil trial are governed by Government Code Sections 68093-68096 and the fee for a criminal trial is governed by Penal Code Section 1329. The employee may keep travel allowance.
7g. Post proper symbol and number of hours for type of absence reporting.
Approved absence without pay--Approved dock
Absence without pay--AWOL
7h. Enter symbols and hours to be compensated at straight time as indicated below:
WO - Overtime worked for CTO
P - Overtime hours worked for pay
RC - Hours worked on a holiday
WE - Excess hours worked due to irregular work shift
7i. Enter symbols and hours to be compensated at premium time as indicated below (Personnel Office will convert to time and one-half (1-1/2)):
WO - Overtime hours worked for CTO
P - Overtime hours worked for pay
Note: Total column may be used for Items 7b through 7i.
8. Reason for Absence or Extra Hours Worked--Employee must indicate reason for sick leave absences, including relationship of family member when reporting family sick leave.
Note: This item also can be used for reporting reasons for overtime hours worked or for unpaid absences.
9. Employee's Responsibility and Signature--Employees have the responsibility to give their supervisor advance notification when they anticipate a future absence. When unanticipated emergency causes the absence, the employees are responsible for notifying supervisor as soon as possible and keeping their supervisor informed as to the possible date of return. Employees are also responsible for promptly reviewing and signing their absence report at the end of the pay period and submitting to supervisor.
10. Recommendation of Supervisor's Responsibility--Each supervisor is responsible for seeing that employees comply with the regulations governing absence from work. The supervisor is expected to recommend against approval of sick leave absences when satisfactory evidence as to need is not presented. Supervisor is then responsible for promptly reviewing and signing the employee's absence report and forwarding it to the Personnel Office.
Before recommending approval for sick leave by an INTERMITTENT EMPLOYEE, supervisor shall certify that the employee was scheduled to work during the hours reported for sick leave.
Note: Methods of verification can include telephone, physician statement, home or hospital visit.
11. Statements by Physicians--If physician statement is attached, check first box and do not complete other information in this item.
If supervisor has requested the physician's verification on this form, second box is checked and the doctor completes each item and signs the form.
12. Applicable information regarding absences due to industrial injury or
13. Illness should be recorded in this area.
14. Completed by Personnel Office only.

## Reimbursement Forms

### Travel Expense Claim Form

**Purpose:**

This form is used to reimburse members for specific pre-approved travel expenses associated with program duties and outreach projects.

**When to Use:**

This form must be completed monthly (if expenses are incurred) to receive reimbursement for pre-approved work-related expenses.

**Location of Form:**

Download this form from the WSP website each time it is needed. This state form is updated frequently, and if an outdated form is submitted for processing, the TEC will be sent back for updating and resubmission. This significantly delays payment. The template is available online at: [http://www.WatershedStewards.com/member\\_forms](http://www.WatershedStewards.com/member_forms). You can also access sample TECs in the same location on the website, as well as a TEC handbook with information on how to appropriately complete the form.

**Where and When to Deliver:**

Monthly TEC's must be submitted to the WSP Member Coordinator via email for initial review. If there are discrepancies, the Member Coordinator will communicate with the member the necessary changes. TECs require the correct format and original receipts in order to be eligible for reimbursement. If there are errors, payment will be delayed. Please do not mail any TEC to the office until the Member Coordinator has reviewed it. Once a TEC has been reviewed and approved for processing, the member signs the TEC in blue ink and forwards the form and original receipts the Member Coordinator by the 10<sup>th</sup> of the following month. Keep copies for your records.

**Authorizations:**

All expenses being billed to WSP must be pre-approved by the WSP Project Manager. Pre-approval must occur prior to actually submitting the TEC Form. The WSP budget is very limited, so it is imperative that staff know what expenses will affect the budget before they occur.

**Monitoring and Follow Up:**

If this form is not received by the specific due date, your ability to be reimbursed may be jeopardized or forfeited.



Clear

Print

Important Note

STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION
TRAVEL EXPENSE CLAIM
STD. 262 (REV. 9/20/07)

See Instructions and "Privacy Statement On Reverse Side"

Page of Pages

CLAIMANT'S NAME, SSN or EMPLOYEE NUMBER, DEPARTMENT, POSITION, CB/ID No., DIVISION or BUREAU, INDEX NUMBER, RESIDENCE ADDRESS, HEADQUARTERS ADDRESS, TELEPHONE NUMBER, CITY, STATE, ZIP CODE

(1) NORMAL WORK HOURS, (2) PRIVATE VEHICLE LICENSE NUMBER, (3) MILEAGE RATE CLAIMED

Table with columns for (4) MONTH/YEAR, (5) DATE, (6) LOCATION, (7) LODGING, (8) MEALS, (9) INCIDENTALS, (10) TRANSPORTATION, (11) BUSINESS EXPENSE, (12) TOTAL EXPENSES FOR DAY

(13) SUBTOTALS, CLAIM TOTAL \$0.00

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required), AGENCY ACCOUNTING OFFICE USE ONLY

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. CLAIMANT'S SIGNATURE, DATE, (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT, DATE, (17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE, DATE

## ISP Forms

### ISP Proposal Form

**Purpose:**

To plan and schedule an Individual Service Project, as well as formally notify WSP staff of anticipated project.

**When to Use:**

Complete form at least six weeks prior to proposed ISP event.

**Location of Form:**

Available online at: [http://www.WatershedStewards.com/member\\_forms](http://www.WatershedStewards.com/member_forms).

**Where and When to Deliver:**

Please complete the ISP Proposal electronically and submit to [wsp.vmtl@ccc.ca.gov](mailto:wsp.vmtl@ccc.ca.gov) at least six weeks prior to proposed ISP event.

**Authorizations:**

Proposal will be reviewed initially by Volunteer/Media Team Leader, forwarded to Project Manager if recommended for approval, and formal approval will be granted by the Project Manager based on satisfactory completion of the form and project appropriateness. Supplementary materials such as photos and maps are encouraged and may be submitted as attachments.

**Monitoring and Follow Up:**

The Volunteer/Media Team Leader will monitor scheduling and completion of the proposed event.



<i>WSP Staff Use Only</i>	
Approved by:	
Approved on:	

**AMERICORPS WATERSHED STEWARDS PROJECT  
Individual Service Project Proposal Form**

Please complete the following information electronically and submit to the Volunteer/Media Team Leader via email at least six weeks prior to proposed ISP event. Approval will be granted by the WSP Project Manager based on satisfactory completion of the form and project appropriateness. Supplementary materials such as photos and maps are encouraged and may be submitted as attachments.

<b>Summary Information:</b>	
<b>1. Member name(s)</b> <i>Include all co-coordinators</i>	
<b>2. Date submitted</b>	
<b>3. Project type</b> <i>(e.g., bank stabilization, stream clean-up, etc.)</i>	
<b>4. Project title</b> <i>Include location and/or stream</i>	
<b>5. Project date</b>	
<b>6. Project timeframe</b>	
<b>7. Project location</b> <i>Include directions or a physical address</i>	
<b>8. Project location/landowner(s)</b>	
<b>9. Project partners</b> <i>Also include what each partner will be providing for the project or its development</i>	
<b>10. Mentor approval obtained</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Watershed Information:</b>	
<b>11. Stream name</b>	
<b>12. Watershed name</b>	
<b>13. Salmonids present</b> <i>Indicate species of salmonid present and historical</i>	

<b>Project Objectives:</b>	
<b>14. Project need</b> <i>Clearly describe how the project will improve salmonid habitat and how the need for the project was identified</i>	
<b>15. Limiting factors to salmonids remediated by proposed project</b>	<input type="checkbox"/> Water quantity (lack of flow, diversion, runoff) <input type="checkbox"/> Water quality (temperature, chemistry, turbidity) <input type="checkbox"/> Riparian dysfunction (lack of shade, excessive nutrients, roughness elements) <input type="checkbox"/> Excessive sediment yield (pool and gravel quality) <input type="checkbox"/> Spawning requirements (gravel, resting areas-pools) <input type="checkbox"/> Rearing requirements (velocity, lack of shelter, pools) <input type="checkbox"/> Estuary/ lagoon issues (closure during migration periods) <input type="checkbox"/> Fish passage (emigration and immigration)
<b>16. Potential project volunteers</b>	<input type="checkbox"/> All <input type="checkbox"/> Adults and youth

	<input type="checkbox"/> Adults Only <input type="checkbox"/> Persons with disabilities Comments:
17. Volunteer recruitment venues	

<b>Media Outreach:</b>			
<b>18. Intended media outreach</b> <i>A minimum of one of the following is <b>required</b>: PSA, Press Release, Post Press Release or Media Advisory is required</i>  <i>Flyers are not required but are recommended as a supplemental publicity tool.</i>	<i>Explanation of Media:</i> <b>PSA:</b> Inviting the public to attend the event. Played on the radio. <b>Media advisory:</b> Informs the media that the event is taking place and invites them to attend. <b>Press release:</b> Tells the story of the event. Distributed through the print media.	<u>Pre-Project:</u>  <input type="checkbox"/> PSA <input type="checkbox"/> Media Advisory <input type="checkbox"/> Press Release <input type="checkbox"/> Interviews <input type="checkbox"/> Flyers	<u>Post-Project:</u> <b>*deadline for post-event media is 48 hours after completion of the ISP</b>  <input type="checkbox"/> Press Release <input type="checkbox"/> Interviews
<b>19. Building a publicity campaign</b> <i>Please outline name and location of media venue you plan to target for your publicity campaign.</i>	<u>Radio or TV stations:</u> Example: KHSU, KIEM TV	<u>Print media:</u> Example: Times-Standard, North Coast Journal	<u>Bulletin board spaces for flyer posting:</u> Example: HSU bulletin boards, Safeway employee lounge

<b>Project Tasks and Results:</b>	
<b>20. Site Preparation</b> <i>Describe any work that will be done to prepare the site prior to the volunteer project.</i>	
<b>21. Measures to Mitigate Potential Negative Impacts from Volunteer Traffic</b> <i>Identify the measures you will take to limit the impact of volunteer traffic from your project on the watershed (ex: erosion into stream, trampling native species, other disturbances).</i>	
<b>22. Detailed project tasks</b> <i>Include specifically what you will have volunteers do. Describe the choice of activities, equipment used, and any refreshments that will be provided.</i>	
<b>23. Expected deliverables</b> <i>Include specific quantitative results you expect to accomplish (e.g., plant 500 trees, clean up 1 mile of stream, remove 200 sq. ft of invasive species, etc). Also include a description of how this will improve salmonid habitat.</i>	
<b>24. Safety training / issues</b> <i>Include potential safety hazards and what training / equipment you will provide to volunteers prior to beginning work as a preventative safety measure</i>	

<b>Additional Project Information:</b>	
25. WSP assistance needed	



## **ISP Job Hazard Analysis Form**

**Purpose:**

To document potential safety risks during the Individual Service Project (ISP) and to ensure that the and all possible safety concerns are being adequately addressed.

**When to Use:**

In the beginning stages of your ISP planning.

**Location of Form:**

Available online at: [http://www.WatershedStewards.com/member\\_forms](http://www.WatershedStewards.com/member_forms).

**Where and When to Deliver:**

Please complete the ISP Job Hazard Analysis and obtain your mentor's signature. You must submit the completed form to the WSP office six weeks prior to the proposed ISP.

**Authorizations:**

Mentor Signature.

**Monitoring and Follow Up:**

Contact the Volunteer/Media Team Leader with questions and concerns regarding Individual Service Projects, at [wsp.vmtl@ccc.ca.gov](mailto:wsp.vmtl@ccc.ca.gov).



CALIFORNIA CONSERVATION CORPS

STATE OF CALIFORNIA  
JOB HAZARD ANALYSIS  
CCC 175 (Rev. 04/10)

### Job Hazard Analysis

1. PROJECTWORK TITLE:		2. PROJECTWORK CODE:		3. DATE JHA DEVELOPED:	
4. PROJECT SPONSOR:		5. LOCATION:		7. CREW SUPERVISOR'S NAME: SIGNATURE:	
6. PROJECT COORDINATOR'S NAME: SIGNATURE:		8. CLOSEST MEDICAL FACILITY TO PROJECT: (ADDRESS / DIRECTIONS FROM PROJECT SITE)		9. MEDICAL FACILITY PHONE NUMBER:	
8a. PROCEDURES TO BE FOLLOWED IN THE EVENT OF A MEDICAL EMERGENCY:		9a. ADDITIONAL EMERGENCY PHONE #S:		11. PROVISIONS FOR RESTROOM USAGE	
10. HEAT RELATED PROVISIONS: (Heat related provisions must include information on how water will be provided throughout the day and access to shade. Info should also address review of signs and symptoms of heat illness, cooling procedures and acclimation.)		7A. ROTATIONAL CREW SUPERVISOR'S NAME: SIGNATURE:		DATE RECEIVED: DATE OF FULL REVIEW WITH NEW CREW:	
		7B. ROTATIONAL CREW SUPERVISOR'S NAME: SIGNATURE:		DATE RECEIVED: DATE OF FULL REVIEW WITH NEW CREW:	
		7C. ROTATIONAL CREW SUPERVISOR'S NAME: SIGNATURE:		DATE RECEIVED: DATE OF FULL REVIEW WITH NEW CREW:	

DATE OF FULL REVIEW WITH INITIATING SUPERVISOR/CREW: \_\_\_\_\_  
NOTE: Initial review must be conducted on the first day of the project and must review all known tasks, hazards, and preventative measures



## **ISP Checklist**

**Purpose:**

To provide a timeline and guidance to members as they plan, implement and complete their Individual Service Project (ISP).

**When to Use:**

In the beginning stages of your ISP planning and throughout implementation and completion of event.

**Location of Form:**

Available online at: [http://www.WatershedStewards.com/member\\_forms](http://www.WatershedStewards.com/member_forms).

**Where and When to Deliver:**

For personal reference only.

**Authorizations:**

No signatures required.

**Monitoring and Follow Up:**

Contact the Volunteer/Media Team Leader with questions and concerns regarding Individual Service Projects, at [wsp.vmtl@ccc.ca.gov](mailto:wsp.vmtl@ccc.ca.gov).



### Watershed Stewards Project Individual Service Project Checklist

*This checklist should be used as a guide for each phase of your Individual Service Project (ISP). If you have questions or concerns please contact the Volunteer/Media Team Leader.*

#### Pre-Project Preparation

Check:

1. Discuss and confirm ISP ideas with your mentor to gain approval and input.
2. Submit an ISP Proposal to the Volunteer Media Team Leader and WSP Project Manager via email at least 6 weeks prior.
3. Gain formal and final approval before proceeding with your ISP planning
4. Begin coordinating necessary project preparations:
  - Create a plan for media outreach: Press release, Media advisory, Public Service Announcement, Letter to the Editor, Op-Ed piece
  - **All media must be edited and approved by the Volunteer Media Team Leader and Project Manager**
  - Volunteer Recruitment: Targeted and open recruitment, posting flyers, connecting with coalitions
  - Project Site, Access, and Materials: Do you need landowner permission? Do you have all the required tools? Is the site accessible?
  - Safety Preparation: emergency plan, First Aid Kits, footwear and water needs

#### Project Implementation

Check:

5. Provide volunteer orientation including use of the ISP Orientation Script.
6. Ensure all volunteers completed the Volunteer Log *prior* to beginning work.
7. Check in with volunteers to ensure they have the training, tools, and resources necessary to complete the project.
8. Thank the volunteers and project partners

#### Post-Project Completion

Check:

9. Submit the following paperwork to the WSP Volunteer/Media Team Leader: 
  - Volunteer Log OR Liability Release, Emergency Medical Information, and Publicity Release For Youth Volunteers (Please mail to office)
  - Individual Service Project Summary (via email)
10. Distribute thank you notes to your volunteers, donors, and any project partners.

## ISP Summary

**Purpose:**

To obtain information and document data from members about their experience coordinating an Individual Service Project.

**When to Use:**

Following completion of the Individual Service Project.

**Location of Form:**

Available online at: <http://www.watershedstewards.com/member-info>.

**Where and When to Deliver:**

Members should submit the completed form to [wsp.vmtl@ccc.ca.gov](mailto:wsp.vmtl@ccc.ca.gov) no later than the 1<sup>st</sup> of the following month.

**Authorizations:**

No signature required.

**Monitoring and Follow Up:**

In addition to staff reporting, the Volunteer/Media Team Leader will use the information collected to monitor duplication of community donation solicitation requests.



**AmeriCorps Watershed Stewards Project  
Individual Service Project Summary**

Each WSP member is required to complete an Individual Service Project (ISP) over the course of the term. If members partnered on an ISP, only one member needs to submit this form.

Completed ISP Summaries should be emailed to the WSP Volunteer/Media Team Leader at [wsp.vmtl@ccc.ca.gov](mailto:wsp.vmtl@ccc.ca.gov)

Name: \_\_\_\_\_ Placement Site: \_\_\_\_\_

Date(s) of Project: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Partner Name: \_\_\_\_\_ Project Name: \_\_\_\_\_  
*(if applicable)*

Number of Volunteers: \_\_\_\_\_ Hours Event Ran: \_\_\_\_\_

Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What community need did this project address? \_\_\_\_\_  
\_\_\_\_\_

**What skills were utilized in the planning and completion of the project?**

- Developing a project timeline
- Planning and facilitating meetings
- Writing a press release or PSA
- Other types of outreach *(describe below)*: \_\_\_\_\_
- Volunteer Generation
- Developing a media list
- Designing and posting flyers

Other Skills/Comments *(describe below)*: \_\_\_\_\_  
\_\_\_\_\_

**What worked well about the project planning or implementation?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What were some of the challenges you encountered?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Please list any community partners you worked with during the course of the project, please include their contact info.

Name	Contact Information

Please list each of the media outlets you contacted for publicity and indicate whether or not they distributed your piece. This information will be added to our Media Contact List.

Media Source	Contact Information	Distributed? (Y/N)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

What you recommend for others considering a similar project?

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## **Volunteer Liability Release Form**

**Purpose:**

To obtain information about all WSP volunteers for reporting and safety purposes, as well as to document release of liability.

**When to Use:**

This form should be completed any time members recruit volunteers to participate in WSP activities.

**Location of Form:**

This template is available online at: [http://www.WatershedStewards.com/member\\_forms](http://www.WatershedStewards.com/member_forms).

**Where and When to Deliver:**

The original signed and completed form should be submitted via mail to the WSP Volunteer/Media Team Leader at 1455-C Sandy Prairie Court, Fortuna, CA 95540 by the 1<sup>st</sup> of the following month.

**Authorizations:**

The WSP member must complete the bottom portion of the form labeled “For Member Use Only” and ensure ALL volunteers complete and sign the form.

**Monitoring and Follow Up:**

Completed Volunteer Release Forms will be recorded and filed by the WSP Staff for future information and liability reference.



**AMERICORPS WATERSHED STEWARDS PROJECT ADULT VOLUNTEER FORM**



**LIABILITY AND PUBLICITY RELEASE:** By signing below, I release the AmeriCorps Watershed Stewards Project and California Conservation Corps of all liability from any harm or injury to my person and property resulting from my participation in this volunteer activity. I understand that my participation in any activity is fully voluntary. I am responsible for my own safety and well-being and for obtaining all safety information related to any activity I participate in. By signing below, I hereby authorize the AmeriCorps Watershed Stewards Project and California Conservation Corps to use photographs or other media material pertaining to the express purposes of AmeriCorps publicity and documentation. I agree that while transported in WSP or CCC owned or operated vehicles, I will conform with all federal, state, and CCC policies, procedures, rules, regulations, directives and instructions. This includes, but is not limited to, the proper use of seatbelts and not extending limbs or throwing objects in or from the vehicle. I agree to hold harmless the CCC and WSP for any injuries sustained while being transported in said vehicles unless otherwise found by a court of law to be caused by the negligence of a CCC or WSP employee.

**EMERGENCY MEDICAL INFORMATION:** If you have any allergies or medical conditions, please let the site coordinator know in case of emergency.

1.	<b>Print Name LEGIBLY!</b>	<b>Signature</b>	<b>Emergency Contact</b>	<b>Emergency Contact Phone</b>
	<b>Email:</b>	<b># of times I have volunteered w/WSP: _____</b>	<b>More info on future volunteer activities? <input type="checkbox"/> Y <input type="checkbox"/> N</b>	
2.	<b>Print Name LEGIBLY!</b>	<b>Signature</b>	<b>Emergency Contact</b>	<b>Emergency Contact Phone</b>
	<b>Email:</b>	<b># of times I have volunteered w/ WSP: _____</b>	<b>More info on future volunteer activities? <input type="checkbox"/> Y <input type="checkbox"/> N</b>	
3.	<b>Print Name LEGIBLY!</b>	<b>Signature</b>	<b>Emergency Contact</b>	<b>Emergency Contact Phone</b>
	<b>Email:</b>	<b># of times I have volunteered w/ WSP: _____</b>	<b>More info on future volunteer activities? <input type="checkbox"/> Y <input type="checkbox"/> N</b>	
4.	<b>Print Name LEGIBLY!</b>	<b>Signature</b>	<b>Emergency Contact</b>	<b>Emergency Contact Phone</b>
	<b>Email:</b>	<b># of times I have volunteered w/ WSP: _____</b>	<b>More info on future volunteer activities? <input type="checkbox"/> Y <input type="checkbox"/> N</b>	
5.	<b>Print Name LEGIBLY!</b>	<b>Signature</b>	<b>Emergency Contact</b>	<b>Emergency Contact Phone</b>
	<b>Email:</b>	<b># of times I have volunteered w/ WSP: _____</b>	<b>More info on future volunteer activities? <input type="checkbox"/> Y <input type="checkbox"/> N</b>	
6.	<b>Print Name LEGIBLY!</b>	<b>Signature</b>	<b>Emergency Contact</b>	<b>Emergency Contact Phone</b>
	<b>Email:</b>	<b># of times I have volunteered w/ WSP: _____</b>	<b>More info on future volunteer activities? <input type="checkbox"/> Y <input type="checkbox"/> N</b>	
7.	<b>Print Name LEGIBLY!</b>	<b>Signature</b>	<b>Emergency Contact</b>	<b>Emergency Contact Phone</b>
	<b>Email:</b>	<b># of times I have volunteered w/ WSP: _____</b>	<b>More info on future volunteer activities? <input type="checkbox"/> Y <input type="checkbox"/> N</b>	

**FOR WSP MEMBER USE ONLY**

Project Coordinator: \_\_\_\_\_ Name of Event/Project: \_\_\_\_\_

ISP,  Outreach Event \_\_\_\_\_ Hours of Event/Project: \_\_\_\_\_ Date of Project: \_\_\_\_\_



## Youth Volunteer Form

**Purpose:**

To document liability and publicity release, emergency information, and permission for youth who volunteer with WSP.

**When to Use:**

During volunteer recruitment as part of Individual Service Project requirements.

**Location of Form:**

This template is available online at: [http://www.WatershedStewards.com/member\\_forms](http://www.WatershedStewards.com/member_forms).

**Where and When to Deliver:**

Distribute while recruiting youth volunteers. Must be filled out by participant and parent/guardian prior to participation in an Individual Service Project, and returned to member promptly.

Provide hard copies to volunteers who decide to participate on the day of the event. Must be filled out and submitted on that day before volunteer participates in event.

Member submits Youth Volunteer Form along with all other paperwork upon completion of ISP to the Volunteer/Media Team Leader.

**Authorizations:**

Youth volunteer's parent/guardian must sign each necessary section.

**Monitoring and Follow Up:**

Completed Youth Volunteer Forms will be recorded and filed by the WSP Staff for future information and liability reference.



Watershed Stewards Project  
Liability Release, Emergency Medical Information, and  
Publicity Release for Youth Volunteers

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

Project Site: \_\_\_\_\_

Project Date: \_\_\_\_\_

**Liability Release** (must be signed for participation in projects)

I, the undersigned, attest that I am 18 years of age or older or the parent/legal guardian of the student who is a minor under 18 years of age. As such, I hereby consent to participate or give permission for said minor to participate in a community volunteer service project, sponsored by AmeriCorps and the California Conservation Corps. I hereby acknowledge that I, or said minor, will be voluntarily participating in the project and, as such, agree to assume any risks associated with the project. I hereby release, discharge, and agree not to sue AmeriCorps and the California Conservation Corps for any injury, death or damage to, or loss of personal property arising out of or in connection with the participation in the project from whatever cause, including active or passive negligence of anyone associated with the project. I hereby agree and hold harmless AmeriCorps and the California Conservation Corps, its members and staff, from any and all claims, demands, actions, or suits asserted by me or on my behalf out of or in connection with my, or said minor's, participation in the project. I have carefully read this release, hold harmless, and agree not to sue, understanding its contents. I am aware that it is a full release of all liability and I sign it on my own free will.

\_\_\_\_\_  
Participant Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Participant Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature  
(if Participant is under 18 years of age)

Date: \_\_\_\_\_

\_\_\_\_\_  
Participant Name (please print)



Publicity Release

I hereby authorize the AmeriCorps Watershed Stewards Project and the California Conservation Corps to use photographs or other media material pertaining to: \_\_\_\_\_  
for the express purposes of AmeriCorps publicity and documentation.

Signature of Participant or Parent/Guardian: \_\_\_\_\_

**Name** (print): \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
Participant or Parent/Guardian Name (sign) **Date:** \_\_\_\_\_



## Media Templates

### Media Advisory Template

**Purpose:**

To notify media of an upcoming event, including who, what, when, where and why, as well as contact information.

**When to Use:**

Anytime you need to advertise WSP-coordinated events. A media advisory may be used in lieu of or in addition to a press release, and will satisfy the media outreach requirement of the ISP.

**Location of Form:**

Available online at: [http://www.WatershedStewards.com/member\\_forms](http://www.WatershedStewards.com/member_forms).

**Where and When to Deliver:**

The advisory should be emailed to [wsp.vmtl@ccc.ca.gov](mailto:wsp.vmtl@ccc.ca.gov) at least two weeks prior to the desired distribution date. Upon receiving approval, the advisory should be faxed to all desired contacts on the appropriate media contact list three or four days prior to the ISP or event.

**Authorizations:**

All media outreach, including media advisories, should include mention of the AmeriCorps Watershed Stewards Project and California Conservation Corps. All media outreach must also receive approval from the WSP Staff prior to distribution.

**Monitoring and Follow Up:**

Always follow up with telephone calls to pitch your event and gauge interest. Be prepared to answer questions and offer information like photo and interview opportunities that will help reporters craft a story.



Watershed Stewards Project  
Media Advisory Template

FOR IMMEDIATE RELEASE  
[DATE]

For more information, contact:  
[NAME]  
[PHONE # / FAX #]  
[WSP EMAIL ADDRESS]

[Headline Goes Here, Centered, Bold]

**WHAT:** [A brief description of the event goes here]

**WHO:** [Key players in event, always mention AmeriCorps Watershed Stewards Project]

**WHEN:** [Date, day of week, and start and end times of event]

**WHERE:** [Location and address go here]

**BACKGROUND:** [Additional background about event goes here if necessary, specific instructions for media, or program boilerplate –The AmeriCorps Watershed Stewards Project (WSP) is a community-based watershed restoration program that places 55 members in 20 communities throughout California from Ventura to the Oregon border. A special project of the California Conservation Corps, WSP is sponsored by CaliforniaVolunteers and administered by the Corporation for National and Community Service.]

###

[At the end of the release, put the three pound signs centered at the bottom. This lets your reader know they've come to the end.]



## Press Release Template

### Purpose:

To formally announce an activity or event, as well as spark interest and give a reporter a base for writing a story on the event. A press release is written in the form of a news article.

### When to Use:

Anytime you need to advertise or promote WSP-coordinated events or activities. A press release may be used to satisfy the media outreach requirement of the ISP.

### Location of Form:

Available online at: [http://www.WatershedStewards.com/member\\_forms](http://www.WatershedStewards.com/member_forms).

### Where and When to Deliver:

The press release should be sent to [wsp.vmtl@ccc.ca.gov](mailto:wsp.vmtl@ccc.ca.gov) at least two weeks prior to the desired distribution date, which can be either before or after an event. Upon receiving approval, the release should be faxed to all desired contacts on the appropriate media contact list.

### Authorizations:

All media outreach, including press releases, should include mention of the AmeriCorps Watershed Stewards Project and California Conservation Corps. All media outreach must also receive approval from the WSP Staff prior to distribution.

### Monitoring and Follow Up:

Always follow up with telephone calls to pitch your event and gauge interest. Be prepared to answer questions and offer information like photo and interview opportunities that will help reporters craft a story.



Watershed Stewards Project  
Press Release Template

FOR IMMEDIATE RELEASE  
[DATE]

For more information, contact:  
[NAME]  
[PHONE # / FAX #]  
[WSP EMAIL ADDRESS]

[Headline Goes Here, Centered, Bold]

**[CITY].** [Leader sentence - no more than 25 words, basic event info: project, date, time, etc. All paragraphs should be double or 1.5 spaced for ease of reading, indented, and entire release should not exceed one page.]

[2<sup>nd</sup> paragraph - General event information: project background, directions, parking, what volunteers should bring (food, water, etc.), and any other special instructions. Include that the event is sponsored/co-sponsored by the AmeriCorps Watershed Stewards Project.]

[Last paragraph mandatory] The AmeriCorps Watershed Stewards Project (WSP) is a community-based watershed restoration program that places 55 members in 20 communities throughout California from Ventura to the Oregon border. A special project of the California Conservation Corps, WSP is sponsored by CaliforniaVolunteers and administered by the Corporation for National and Community Service.

###

[At the end of the release, put the three pound signs centered at the bottom. This lets your reader know they've come to the end.]



## Public Service Announcement Template

### Purpose:

To advertise or promote WSP-coordinated events or activities in an abbreviated format.

### When to Use:

A PSA is usually transmitted electronically, via radio or television in a short spot of ten to sixty seconds. The Federal Communications Commission (FCC) requires that stations donate a certain amount of airtime to serve the public and the community, so they are usually easier to get aired than a press release. A press release may be used to satisfy the media outreach requirement of the ISP.

### Location of Form:

Available online at: [http://www.WatershedStewards.com/member\\_forms](http://www.WatershedStewards.com/member_forms).

### Where and When to Deliver:

The PSA should be sent to **wsp.vmtl@ccc.ca.gov** at least two weeks prior to the desired distribution date. Upon receiving approval, the release should be faxed to radio and television stations at least two to three weeks prior to your event.

### Authorizations:

All media outreach, including PSAs, should include mention of the AmeriCorps Watershed Stewards Project and California Conservation Corps. All media outreach must also receive approval from the WSP Staff prior to distribution.

### Monitoring and Follow Up:

Always follow up with telephone calls to pitch your event and gauge interest. Be prepared to answer questions and offer information like photo and interview opportunities that will help reporters craft a story.



Watershed Stewards Project  
Public Service Announcement

START USING: [DATE]  
STOP USING: [DATE]

For more information, contact:  
[NAME]  
[PHONE # / FAX #]  
[WSP EMAIL ADDRESS]

[Headline Goes Here, Centered, Bold]

[Text goes here, double or 1.5 spaced for ease of reading, indented. Entire PSA should not exceed one page, and should include an abbreviated who, what, when, where, and why. Ideally, text should be able to read in less than 60 seconds.]

###

[At the end of the release, put the three pound signs centered at the bottom. This lets your reader know they've come to the end.]



## Outreach Forms

### Request for Outreach Participation

**Purpose:**

To document pertinent data about each outreach opportunity available for members to participate in. To increase the variety of outreach events members participate in and expand the reach of the three regions.

**When to Use:**

When an outreach event is not included on the Outreach Calendar.

**Location of Form:**

Available online at: [http://watershedstewards.com/member\\_forms](http://watershedstewards.com/member_forms).

**Where and When to Deliver:**

Submit request to Outreach Team Leader at [wsp.otl@ccc.ca.gov](mailto:wsp.otl@ccc.ca.gov) at least two weeks prior to outreach event.

**Authorizations:**

Signature of Project Manager or Project Director is needed for completion of form. Approval must be obtained before member follow through can occur.

**Monitoring and Follow Up:**

Completed Request for Outreach Participation forms will be recorded and filed by the WSP Staff for future reference.



This form should be used when members want to participate in or plan an event that is not included on the Outreach Matrix. Approved community outreach includes environmental education fairs, informational booths at community festivals and fairs, volunteer restoration or cleanup projects, and informational presentations. Events must follow the Outreach Guidelines as stated on page (?) in the Member Handbook.

**Contact Information of Member Requesting Participation:**

Name: <input type="text"/>	Phone: <input type="text"/>
Email: <input type="text"/>	Placement Site: <input type="text"/>

**Project Information:**

Title of Project: <input type="text"/>	Location: <input type="text"/>
Date: <input type="text"/>	Time: <input type="text"/>
Community Contact Information (Name, Phone Number, Email): <input type="text"/>	
How did you hear about this event? Include website if possible: <input type="text"/>	
Are you requesting additional member help at this event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, number of members needed: <input type="text"/>	
Materials Needed: <input type="text"/>	
Explain why WSP should participate in this event: <input type="text"/>	

Please submit electronically to Outreach Team Leader at [WSP.OTL@CCC.CA.GOV](mailto:WSP.OTL@CCC.CA.GOV)



## **Outreach Log**

**Purpose:**

To document pertinent data about each outreach event in which WSP members participate.

**When to Use:**

Members should complete this form immediately after an outreach event. The form is completed by each member that attended

**Location of Form:**

Available online at: [http://www.WatershedStewards.com/member\\_forms](http://www.WatershedStewards.com/member_forms).

**Where and When to Deliver:**

The completed Outreach Log should be sent to [wsp.otl@ccc.ca.gov](mailto:wsp.otl@ccc.ca.gov) by the end of the 10th of the month following participation in outreach.

**Authorizations:**

No signatures necessary.

**Monitoring and Follow Up:**

Information about WSP outreach events is accumulated and reported to the State at the end of each year.

## Outreach Event Evaluation

**Purpose:**

To gather information about member satisfaction with participation in outreach events. To provide constructive feedback to Team Leaders, staff and event organizers, as well as to assist in future participation in events.

**When to Use:**

Following each outreach event in which member's participate.

**Location of Form:**

Available online at: [http://www.WatershedStewards.com/member\\_forms](http://www.WatershedStewards.com/member_forms).

**Where and When to Deliver:**

Outreach Event Evaluations will be distributed by the Outreach Team Leader at the end of an event as a hard copy to be filled out immediately and collected, or following an event via email to be filled out and returned to the OTL at [wsp.otl@ccc.ca.gov](mailto:wsp.otl@ccc.ca.gov).

**Authorizations:**

No signatures necessary.

**Monitoring and Follow Up:**

Responses will be reviewed by Outreach Team Leader and, if warranted, WSP Staff for indications of member issues or concerns and aggregated to assist with program reporting, future program design, and evaluation. Information will be shared with event organizers, coordinators and collaborators to assist with future facilitation and WSP participation in the event.



### Watershed Stewards Project Outreach Event Evaluation

The overall purpose of this survey is to gather information about your satisfaction with your participation in particular outreach events. Your responses will provide constructive feedback to Team Leaders, staff and event organizers, as well as to assist with future participation in these activities.

Name and Location of Event:

Member Name (optional):

Please rate your degree of satisfaction with this outreach event by placing an **X** in the appropriate box. Place an **X** in the Not Applicable (N/A) column if subject does not apply to a particular event.

	Excellent	Good	Neutral	Needs Work	N/A
Sleeping Accommodations	<input type="checkbox"/>				
Food Provided	<input type="checkbox"/>				
Interaction with organizers of event	<input type="checkbox"/>				
Working at a booth	<input type="checkbox"/>				
Working as a docent	<input type="checkbox"/>				
Opportunity to get to know other WSP members	<input type="checkbox"/>				
Opportunity to expand skills	<input type="checkbox"/>				
Opportunity to network	<input type="checkbox"/>				
Overall experience	<input type="checkbox"/>				

Please be as specific as possible and provide examples and descriptions when necessary.

1. Would you attend this event again? Yes  No
2. What was most enjoyable about participating in this event?
3. What types of challenges were you faced with and how did you overcome them?
4. In your opinion, what could the organizers of this event do to make the experience for volunteers better?
5. Do you think it would be beneficial for WSP to participate in this event in the future?
6. If applicable, what skills were you able to expand upon?

Please submit electronically to the Outreach Team Leader at [WSP.OTL@CCC.CA.GOV](mailto:WSP.OTL@CCC.CA.GOV)

## Education Forms

Please see the Education Handbook for information on Education Forms

## Evaluations

### Member Evaluation

**Purpose:**

To gather information from mentors regarding the performance of members placed at their site and to provide constructive feedback to members for professional development.

**When to Use:**

One evaluation should be completed by mentors for each member at the mid-term and end of term mark.

**Location of Form:**

Available on-line at [http://www.watershedstewards.com/member\\_forms](http://www.watershedstewards.com/member_forms).

**Where and When to Deliver:**

The completed, signed survey should be scanned and submitted to [wsp.forms@ccc.ca.gov](mailto:wsp.forms@ccc.ca.gov) by the mid and end of term deadlines. See your due date calendar for the specific due dates.

**Authorizations:**

Member Evaluations should be reviewed and discussed by the mentor and member. Both parties should sign the document as evidence of review.

**Monitoring and Follow Up:**

Responses will be reviewed by WSP Staff for indications of member issues or concerns and aggregated to assist with program reporting, future program design, and evaluation.



Rev. 4/01/10

**AmeriCorps Watershed Stewards Project  
Member Evaluation**

The overall purpose of this survey is to gather information about the performance of members placed at your site. Responses will be aggregated and summarized to assist with member development, future program design, and evaluation. Please fill out one evaluation per member placed.

**Member Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Check one:**     Mid-term                      **Mentor Name:** \_\_\_\_\_  
                      End-of-term                      **Placement Site:** \_\_\_\_\_

Please rate the member's performance considerations by placing an X in the appropriate box according to the following:

- Outstanding** = Member exceeds all expectations in this performance area
- Good** = Member meets all expectations, exceeds some in this performance area
- Satisfactory** = Member meets all expectations in this performance area
- Needs Improvement\*** = Member meets some expectations, does not meet others in this performance area
- Poor\*** = Member does not meet any expectations in this performance area

*\*Please explain any "Needs Improvement" or "Poor" ratings in Question #22.*

Performance Areas	Outstanding	Good	Satisfactory	Needs Improvement	Poor	N/A
1. Fulfills duties outlined in Mentor/ Member Agreement						
2. Punctuality						
3. Attendance						
4. Professional conduct						
5. Works well with others						
6. Quality of work						
7. Quantity of work						
8. Follows verbal instructions						
9. Follows written instructions						
10. Can perform tasks independently						
11. Willingness to learn						
12. Properly cares for vehicles, tools, and materials						
13. Facilitates community involvement						
14. Follows through with assignments						
15. Has a positive attitude						
16. Demonstrates leadership qualities						
17. Knowledge about current stream & watershed "best practices" for monitoring & enhancement						
18. Represents WSP & placement site in a positive manner						
19. Adaptable to change						
20. Takes initiative						
21. Has an understanding of the community and its needs						





Please discuss the evaluation with your member and sign below.

\_\_\_\_\_  
*Signature of Mentor*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Member*

\_\_\_\_\_  
*Date*

**Member Comments *Optional*):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please forward completed, ***signed*** evaluations to:  
WSP Office

**By Mail:** AmeriCorps Watershed Stewards Project, 1455-C Sandy Prairie Court, Fortuna, CA 95540

**Email:** [wsp.info@CCC.CA.GOV](mailto:wsp.info@CCC.CA.GOV) (*signed and scanned documents only, please!*)

**or Fax:** (707) 725-8602

## Placement Site Evaluation

**Purpose:**

To gather information from members regarding overall satisfaction with their placement site and to provide constructive feedback to mentors for continuous improvement.

**When to Use:**

One evaluation should be completed by each member at mid-term and end of term.

**Location of Form:**

Available on-line at [http://watershedstewards.com/member\\_forms](http://watershedstewards.com/member_forms).

**When and Where to Deliver:**

A completed evaluation should be submitted to **wsp.forms@ccc.ca.gov** by the mid and end of term deadlines. You will be notified of the deadlines by WSP Staff.

**Authorizations:**

No signatures required.

**Monitoring and Follow Up:**

Responses will be reviewed by WSP staff for indications of mentor/placement site issues or concerns and aggregated to assist with program reporting, future program design, and evaluation. WSP staff may also review the content of the survey with the mentor and member during the placement site visit and exit interview to constructively address issues or concerns.



Rev. 9/23/10

**AmeriCorps Watershed Stewards Project  
Placement Site Evaluation**

The overall purpose of this survey is to gather information about your satisfaction with your placement site. Your responses will be aggregated and summarized to provide constructive feedback to placement sites and mentors, as well as to assist with future program design & evaluation.

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

Check one:  Mid-term  
 End-of-term

Placement Site: \_\_\_\_\_  
Mentor Name: \_\_\_\_\_  
Co-Mentor Name: \_\_\_\_\_

Please rate your satisfaction with the following areas by placing an **X** in the appropriate box according to the following:

- Very Satisfied** = Placement site exceeds all expectations in this area
- Satisfied** = Placement site exceeds some expectations, meets all in this area
- Neither Satisfied nor Dissatisfied** = Placement site meets expectations in this area
- Dissatisfied\*** = Placement site does not meet some expectations, meets others in this area
- Very Dissatisfied\*** = Placement site does not meet expectations in this area

\*Please explain any "Dissatisfied" or "Very Dissatisfied" rankings in Question #13.

Performance Area	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied
1. Your overall experience at your site					
2. Your mentor					
3. Your co-mentor					
4. Mentor accessibility					
5. Site-specific training					
6. Amount of work required					
7. Type of work required					
8. Your progress toward meeting site requirements					
9. Material support (i.e., transportation, tools/gear, computers) you've received to complete your site duties					
10. Support from your mentor with regard to WSP-specific activities					
11. Opportunities for professional development provided at your site					
12. Community resources available (i.e., housing)					

13. Please provide a narrative of your experiences regarding the placement site. Additionally, provide an explanation for any "Dissatisfied" or "Very Dissatisfied" rankings marked above, indicating the question number followed by a brief explanation and suggestions for improvement.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Does your mentor support your involvement in the local community?

- Yes       No       Not sure

If you marked "No," please provide a brief explanation:

15. List three strengths of your placement site:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

16. List three challenges you have encountered at your placement site:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

17. List three recommendations you have for improving the experience at your placement site:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

18. What are the three most important things you have learned from your site?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

\*\*\*\*\*

For End of Year Evaluations only

19. Would you recommend this mentor for next year?

- Yes       No       Not sure

If you marked "No," please provide a brief explanation:

20. What advice would you give to a future WSP member at your site?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Program Evaluation for Members

**Purpose:**

To gather information from members regarding overall satisfaction with the Watershed Stewards Project and to provide constructive feedback to WSP Staff for continuous improvement.

**When to Use:**

One evaluation should be completed by each member at the end of term.

**Location of Form:**

Available on-line at [http://watershedstewards.com/member\\_forms](http://watershedstewards.com/member_forms).

**When and Where to Deliver:**

A completed evaluation should be submitted to [wsp.forms@ccc.ca.gov](mailto:wsp.forms@ccc.ca.gov) by the end of term deadlines. You will be notified of the deadlines by WSP Staff.

**Authorizations:**

No signature required.

**Monitoring and Follow Up:**

Responses will be reviewed by WSP staff for indications of member issues or concerns with the program and aggregated to assist with program reporting, future program design, and evaluation. WSP staff may also review the content of the survey with the member during the exit interview to constructively address issues or concerns.



Rev. 9/2310

**AmeriCorps Watershed Stewards Project  
Program Evaluation for Members**

The overall purpose of this survey is to gather information about members' satisfaction with the program. Responses will be aggregated and summarized to assist with future program design and evaluation.

**Member Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Placement Site:** \_\_\_\_\_

Please rate your satisfaction with the following areas by placing an **X** in the appropriate box according to the following:

- Very Satisfied** = WSP Program exceeds all expectations in this area
- Satisfied** = WSP Program exceeds some expectations, meets all in this area
- Neither Satisfied nor Dissatisfied** = WSP Program meets expectations in this area
- Dissatisfied\*** = WSP Program does not meet some expectations, meets others in this area
- Very Dissatisfied\*** = WSP Program does not meet expectations in this area

\*Please explain any "Dissatisfied" or "Very Dissatisfied" rankings in Question #13.

Performance Area	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied
1. Your overall experience with WSP					
2. Service activities you performed					
3. WSP training					
4. Site training					
5. Material support (i.e., transportation, tools/gear) you received to complete your service projects					
6. Support from Team Leaders					
7. Support from WSP Staff					
8. Field duties you performed					
9. Community outreach you performed					
10. Watershed education you performed					
11. Professional development opportunities provided by WSP					

12. Please provide a narrative of your experiences regarding the WSP Program. For Questions #1-11, please provide additional explanation for any ratings of "Dissatisfied" or "Very Dissatisfied". Indicate the question number followed by a brief explanation.

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## Member Skills Assessment Form

**Purpose:**

To gather information from mentors to better assess the skills of members placed at their site and to monitor the improvement and increase of skills.

**When to Use:**

One form should be completed by mentors for each member at the beginning of the term, mid-term and end of term.

**Location of Form:**

Available on-line at <http://watershedstewards.com/node/7>.

**Where and When to Deliver:**

The completed form should be submitted to [wsp.forms@ccc.ca.gov](mailto:wsp.forms@ccc.ca.gov). The first column entitled "Pre-Assessment" should be submitted by 10/31/2011. The second column entitled "Mid-Term Assessment" should be submitted by 2/28/2012. The third column entitled "End of Term Assessment" should be submitted by 7/31/2012.

**Authorizations:**

Member Skills Assessments should be reviewed and discussed by the mentor and member.

**Monitoring and Follow Up:**

Responses will be reviewed by WSP Staff for indications of member issues or concerns and aggregated to assist with program reporting, future program design, and evaluation.







## Workers' Compensation Forms

### CCC 105 Emergency Contact Information / Physician Designation Form

**Purpose:**

The information on this form is used in a work-related emergency incident or accident.

**When to Use:**

This form is completed by the member during WSP orientation and the original is kept in the WSP member file.

**Location of Form:**

Available on-line at [http://www.watershedstewards.com/member\\_forms](http://www.watershedstewards.com/member_forms).

**Where and When to Deliver:**

This form is a requirement and must be kept at the WSP office in case the information is needed in a medical emergency. If there are any updates made on this form, please forward a copy to [wsp.forms@ccc.ca.gov](mailto:wsp.forms@ccc.ca.gov) immediately.

**Authorizations:**

The member is the only one authorized to make any changes on this form.

**Monitoring and Follow Up:**

The member is responsible for letting WSP know if there are any changes or updates necessary to this form.

State of California  
 California Conservation Corps  
**EMERGENCY INFORMATION/PHYSICIAN DESIGNATION**  
 CCC 105 (revised 6/05)

Completion of this form is VOLUNTARY. The information will be used ONLY in an emergency or accident. This form should be completed and returned to your supervisor who will distribute the form as indicated below. Should any of this information change, please submit a corrected form to your supervisor. It is important that this data is current at all times.

EMERGENCY INFORMATION			
<i>PLEASE TYPE OR PRINT</i>			
EMPLOYEE NAME:		HOME TELEPHONE:	
HOME ADDRESS:			
SERVICE DISTRICT:		SATELLITE/UNIT:	BIRTHDATE:
Person to Notify in Case of Accident or Illness	NAME:		RELATIONSHIP:
	ADDRESS:		TELEPHONE NUMBER:
<p><b>IF YOU HAVE A CHRONIC MEDICAL PROBLEM (i.e. heart condition, epilepsy, asthma, allergy, etc.) THAT COULD INCAPACITATE YOU DURING WORKING HOURS, YOU ARE ENCOURAGED TO DISCUSS SYMPTOMS AND EMERGENCY TREATMENT WITH YOUR SUPERVISOR DURING YOUR EMPLOYMENT WITH THIS DEPARTMENT.</b></p>			
PHYSICIAN DESIGNATION			
<p>In case of injury on the job or sudden job-related illness, employees are given the option of choosing their own personal physician to administer medical treatment or accepting the services provided by the department. *Personal Physician* means the employee's regular physician or chiropractor who has previously directed the medical treatment of the employee and who retains the employee's medical records, including his or her medical history.</p>			
<p><input type="checkbox"/> I have received a copy of the Guide to Workers' Compensation for New State Employees (e 13545) and I wish to designate a personal physician AND will accept medical treatment from the department's designated medical facility.</p>			
<p><input type="checkbox"/> I have received a copy of the Guide to Workers' Compensation for New State Employees (e 13545) and I wish to be treated by my personal physician or personal chiropractor. I understand that in order for my request for pre-designation to be valid, I must return the pre-designation form attached to the Guide to Workers' Compensation for New State Employees (e 13545), signed by my personal physician or personal chiropractor, to my Supervisor prior to an injury or sudden job-related illness.</p>			
EMPLOYEE'S SIGNATURE:		DATE:	
▶			



## Report Minor Injury Form CCC 38

**Purpose:**

Used to report any minor injury incurred on the job. This includes minor injuries that do not require attention by a doctor or emergency care provider, as well as those that do require medical attention.

**When to Use:**

Following every minor injury or illness that occurs on the job.

**Location of Form:**

Available on-line at [Hhttp://www.watershedstewards.com/member\\_forms](http://www.watershedstewards.com/member_forms).

**Where and When to Deliver:**

After any work related injury, the member is required to call the WSP Member Coordinator or other available staff. This form will then be completed by both parties over the phone.

**Authorizations:**

WSP Member Coordinator and member signatures required.

**Monitoring and Follow Up:**

Form is used to report injuries and illness that occur to members on the job. Information is used to update the Illness and Injury Prevention Program and to determine content for future safety training programs.

State of California  
**MINOR INJURY REPORT**  
 CCC 38 (Revised 03/09)

California Conservation Corps

Employee's Name:		Last 4 digits of SSN:		Date of Birth:
Center/Division:	Satellite/Unit:	Classification:		Project Code:
Date of Injury/Illness: (M/D/Y)		Time Injury/Illness Occurred:	Date of Employer's Knowledge of Injury/Illness: (M/D/Y)	
Specific Injury/Illness:		Part of Body:	Specific activity at time of injury/illness:	
Describe how injury or illness occurred:			Witnesses (If Applicable):	
First Aid Treatment Provided?				
What corrective action is being taken to prevent similar accidents/injuries:				
What was the topic(s) of the Tailgate Safety meeting on the date of injury:				
Employee's Signature:			Date:	
Supervisor's Name/Title (Print):		Supervisor's Signature:	Date:	
<b>IMPORTANT NOTE:</b> The CCC 38 is completed <u>ONLY</u> when there is <u>NO</u> medical treatment or lost work time beyond the date of injury/illness, e.g., bruise, scrape, cut, minor poison oak, minor strain/sprain, etc. (The SCIF 3067 and SCIF 3301 are completed when there is medical treatment or lost work time beyond the date of injury/illness.)				



## AmeriCorps Member Job Analysis Form

### Purpose:

Describes physical job functions of a WSP member. This is a reference that aids the medical provider in the case of a pre-employment physical exam or workers' compensation claim related to an on the job illness or injury.

### When to Use:

Used in a pre-hire physical evaluation and following any workers' compensation injury or illness, as well as during any workers' compensation related follow up exams.

### Location of Form:

Available on-line at [http://www.watershedstewards.com/member\\_forms](http://www.watershedstewards.com/member_forms).

### Where and When to Deliver:

This form is given to the medical provider during the mandatory pre-hire physical screening and any workers' compensation doctor visit.

### Authorizations:

No signatures required.

### Monitoring and Follow Up:

This information will aid the medical provider in determining whether the member is fit to serve with the WSP, as well as if they will be able to return to full or modified work duty after a work related injury or illness.

STATE OF CALIFORNIA  
CORPS  
JOB ANALYSIS

CALIFORNIA CONSERVATION

**JOB ANALYSIS**  
**AmeriCorps Watershed Stewards Project Member**  
**Essential Job Functions**

Employer Name:	Job Address:				
California Conservation Corps/Watershed Stewards Project	1455-C Sandy Prairie Court, Fortuna, CA 95540				
Job Title:	Hrs. Worked Per Day	Hrs. Worked Per Week			
AmeriCorps Member	8	40			
<b>DESCRIPTION OF JOB RESPONSIBILITIES (DESCRIBE ALL JOB DUTIES):</b>					
<p>AmeriCorps Watershed Stewards Project (AMC/WSP) members may be on their feet continuously during working hours. Extensive walking and hiking is required. AMC/WSP members do very physical work that uses both their lower and upper extremities. AMC/WSP members may work outdoors under adverse environmental conditions for extended periods of time. AMC/WSP members plant trees, conduct stream surveys, conduct road analyses, and carry heavy field equipment. Outdoor hazards such as poison oak and insects are ever-present in California and exposure to them should be expected. AMC/WSP members may respond to emergencies, such as floods, wildland fires, and earthquakes.</p> <p>AMC/WSP members may be involved in very physical activities such as running, walking, swimming, diving, difficult climbing, jumping, twisting, bending, and lifting over 50 pounds that require endurance, superior conditioning, and mental alertness.</p> <p>AMC/WSP members must have the ability to work cooperatively as a team member to perform assigned duties safely and effectively to prevent harm to themselves and others with whom they come into contact. All AMC/WSP members must work well with people of different ethnicities, gender, and backgrounds.</p>					
<b>1. Check the frequency of activity required of the employee to perform the job.</b>					
ACTIVITY (HOURS PER DAY)	NEVER (0 HOURS)	OCCASIONALLY UP TO 3 HOURS	FREQUENTLY (3 - 6 HOURS)	CONSTANTLY (6 - 8 HOURS)	SAMPLE DUTIES -- DUTIES MAY VARY DEPENDING UPON TYPE OF WORK ASSIGNED
Sitting			X		riding in vehicle to job site; attending training; entering data, writing reports
Walking				X	getting to and from work areas, may walk up to five miles to a site, work, then walk five miles back
Standing		X			doing kitchen work serving food, directing vehicle traffic, staffing a demonstration booth
Bending (neck)		X			cutting vegetation, picking up debris or other materials
Bending (waist)		X			cutting vegetation, picking up





Employer Name:		Job Address:			
					debris or other materials
Squatting		X			planting trees
Climbing			X		limbing, getting to job sites at higher elevations, hiking through streams
Kneeling		X			planting trees and vegetation
Crawling		X			cleaning debris from confined areas and underwater fish counting
Twisting (neck)			X		doing stream and other biological inventories.
Swimming		x			underwater fish counting, and snorkel surveys
Wading			x		Spawner surveys, large woody debris inventory, instream structure inventory or implementation and underwater fish counting.
Twisting (waist)			X		cutting vegetation, doing stream and other biological inventory
Hand Use: Dominant Right -- Left					
Is repetitive use of hand required?			X		entering data, writing reports, etc.
Simple Grasping (right hand)				X	entering data, writing reports, etc.
Simple Grasping (left hand)				X	entering data, writing reports, etc.
Power Grasping (right hand)		X			limbing, trimming shrubbery
Power Grasping (left hand)		X			limbing, trimming shrubbery
Fine Manipulation (right hand)		X			writing (major hand), use of some power tools, cutting and slicing in kitchen work
Fine Manipulation (left hand)		X			writing (major hand), use of some power tools, cutting and slicing in kitchen work
Pushing & Pulling (right hand)		X			pushing wheelbarrow, pushing boxes or other supplies
Pushing & Pulling (left hand)		X			pushing wheelbarrow, pushing boxes or other supplies
Reaching (above shoulder level)		X			moving supplies, limbing, trimming shrubbery
Reaching (below shoulder		X			moving supplies, limbing, trimming

Employer Name:				Job Address:			
level)						shrubbery	

2. Please indicate the daily lifting and carrying requirements of the job. Indicate the height the object is lifted from floor, table or overhead location and the distance the object is carried.

Lifting						Carrying					
Weight	Never 0 hrs	Occasionally up to 3 hrs	Frequently 3-6 hrs	Constantly 6-8+ hrs	Height	Never 0 hrs	Occasionally up to 3 hrs	Frequently 3-6 hrs	Constantly 6-8+ hrs	Distance	Object
0-10 lbs.			X		floor to chest or above shoulder and return			X			Electrofishing and other field gear
11-25 lbs.			X		same as above			X			same as above
26-50 lbs.			X		same as above			X			same as above
51-75 lbs.		X			same as above		X				same as above
76-100 lbs.		X			same as above		X				same as above

**ENVIRONMENTAL EXPOSURES**

3. Please indicate if your job requires:	Yes	No	(IF YES, PLEASE DESCRIBE BRIEFLY)
a. Driving cars, trucks, forklifts and other equipment	X		May drive car, van, or pickup.
b. Working around equipment and machinery?	X		May work with chainsaw, power tools, commercial kitchen equipment, power auger,



				power wood chipper
c. Walking on uneven ground and surfaces?	X			Works outside in all types of terrain and all California weather conditions. May have to walk on fallen trees or log jams to cross streams.
d. Exposure to excessive noise?	X			When working with power tools, chainsaws, or around airport and helicopters
e. Exposure to extremes in temperature, humidity, or wetness?	X			May work in all California weather conditions
f. Exposure to dust, gas, fumes, or chemicals?	X			Exposure to dust in outdoor environment
g. Working at heights?	X			Works on stream banks and may have to walk on fallen trees or log jams to cross streams.
h. Operation of foot controls or repetitive foot movement?	X			Walking and Hiking on uneven and slippery terrain.
i. Use of special visual or auditory protective Equipment?	X			Wear wetsuit to protect from extreme water temperatures. Wear eye protection to protect from flying debris, and water debris or ear protection to protect from power tool, chainsaw noise, and underwater exposure during diving activities.
j. Working with bio-hazards such as: blood borne pathogens, sewage, hospital waste, etc.	X			Only trained personnel in the event of a medical emergency.
k. Working around swiftwater river and stream conditions	X			Wear wetsuit or drysuit to protect from extreme water temperatures when completely immersed in water. Wear waders and stream boots to stay dry and maintain footing in streams and creeks. Be certified in swiftwater rescue techniques.

	NONE	MINIMUM	MODERATE	SIGNIFICANT	COMMENTS
Near Vision		X			For reading, working with hand tools
Far Vision			X		For driving, working in outdoors (correctable to not less than 20/30 in both eyes)
Depth Perception		X			For driving; working with tools
Hearing Sensitivity			X		Hearing adequacy in each ear within speech frequencies (corrected)
Psychiatric or Temperament	Ability to work effectively under stress such as with difficult people, with deadlines and large amounts of work; ability to follow directions with little or no supervision; and able to get along				



## SCIF 3301 Employee's Claim for Workers' Compensation Benefits

**Purpose:**

Used to file a claim for injuries or illnesses that occurred while on the job or as a result of job related activities.

**When to Use:**

This is one of several forms that must be completed by the injured member following a work related injury or illness as part of the worker's compensation claim process.

**Location of Form:**

Available on-line at [http://www.watershedstewards.com/member\\_forms](http://www.watershedstewards.com/member_forms).

**Where and When to Deliver:**

Complete lines 1 thru 8 (leave 7 blank), sign and fax to the WSP Member Coordinator at (707) 725-8602. This form is time sensitive! Mail the original to the WSP Member Coordinator immediately as well. The WSP Member Coordinator manages the workers' compensation submission procedure. Mail the original to.

**Authorizations:**

Both the injured member and the WSP Member Coordinator must sign form in blue ink, in the appropriate sections.

**Monitoring and Follow Up:**

If there was an injury or illness which occurred while on the job, review the "Guide to Workers' Compensation for New State Employees" and "Have you suffered a work related injury?" brochures found on the website. Monitoring and follow up instructions are covered there, and current contact information is given.



**Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility**  
*Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad*



If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Attached is the form for filing a workers' compensation claim with your employer. You should read all of the information below. Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If required you will be notified by the claims administrator, who is responsible for handling your claim, about your eligibility for benefits.

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Se adjunta el formulario para presentar un reclamo de compensación de trabajadores con su empleador. Ud. debe leer toda la información a continuación. Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran, dependiendo de la índole de su reclamo. Si se requiere, el administrador de reclamos, quien es responsable por el manejo de su reclamo, le notificará sobre su elegibilidad para beneficios.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Your employer will then complete the "Employer" section, give you a dated copy, keep one copy and send one to the claims administrator. Benefits can't start until the claims administrator knows of the injury, so complete the form as soon as possible.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Entonces, su empleador completará la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos. Los beneficios no pueden comenzar hasta, que el administrador de reclamos se entere de la lesión, así que complete el formulario lo antes posible.

**Medical Care:** Your claims administrator will pay all reasonable and necessary medical care for your work injury or illness. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your claims administrator will pay the costs directly so you should never see a bill. There is a limit on some medical services.

**Atención Médica:** Su administrador de reclamos pagará toda la atención médica razonable y necesaria, para su lesión o enfermedad relacionada con el trabajo. Es posible que los beneficios médicos incluyan el tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio y las medicinas. Su administrador de reclamos pagará directamente los costos, de manera que usted nunca verá un cobro. Hay un límite para ciertos servicios médicos.

**The Primary Treating Physician (PTP)** is the doctor with the overall responsibility for treatment of your injury or illness. Generally your employer selects the PTP you will see for the first 30 days, however, in specified conditions, you may be treated by your predesignated doctor or medical group. If a doctor says you still need treatment after 30 days, you may be able to switch to the doctor of your choice. Different rules apply if your employer is using a Health Care Organization (HCO) or a Medical Provider Network (MPN). A MPN is a selected network of health care providers to provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information. If your employer has not put up a poster describing your rights to workers' compensation, you may choose your own doctor immediately.

**El Médico Primario que le Atiende-Primary Treating Physician PTP** es el médico con la responsabilidad total para tratar su lesión o enfermedad. Generalmente, su empleador selecciona al PTP que Ud. verá durante los primeros 30 días. Sin embargo, en condiciones específicas, es posible que usted pueda ser tratado por su médico o grupo médico previamente designado. Si el doctor dice que usted aún necesita tratamiento después de 30 días, es posible que Ud. pueda cambiar al médico de su preferencia. Hay reglas diferentes que se aplican cuando su empleador usa una Organización de Cuidado Médico (HCO) o una Red de Proveedores Médicos (MPN). Una MPN es una red de proveedores de asistencia médica seleccionados para dar tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una HCO o una MPN. Hable con su empleador para más información Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede seleccionar a su propio médico inmediatamente.

Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to be liable for up to \$10,000 in treatment until the claim is accepted or rejected.

Dentro de un día después de que Ud. Presente un formulario de reclamo, su empleador autorizará todo tratamiento médico de acuerdo con las pautas de tratamiento aplicables a la presunta lesión y será responsable por \$10,000 en tratamiento hasta que el reclamo sea aceptado o rechazado.

**Disclosure of Medical Records:** After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

**Divulgación de Expedientes Médicos:** Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes se revelarán. Si Ud. solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

**Payment for Temporary Disability (Lost Wages):** If you can't work while you are recovering from a job injury or illness, for most injuries you will receive temporary disability payments for a limited period of time. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

**Pago por Incapacidad Temporal (Sueldos Perdidos):** Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. recibirá pagos por incapacidad temporal para la mayoría de las lesiones por un periodo limitado. Es posible que estos pagos cambien o paren, cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos

**Return to Work:** To help you to return to work as soon as possible, you should actively communicate with your treating doctor, claims administrator, and employer about the kinds of work you can do while recovering. They may coordinate efforts to return you to modified duty or other work that is medically appropriate. This modified or other duty may

e3301 (Rev. 9/10) - DWC Form 1 (Rev. 6/10)

**Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility**  
*Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad*



be temporary or may be extended depending on the nature of your injury or illness.

**Payment for Permanent Disability:** If a doctor says your injury or illness results in a permanent disability, you may receive additional payments. The amount will depend on the type of injury, your age, occupation, and date of injury.

**Supplemental Job Displacement Benefit (SJDB):** If you were injured after 1/1/04 and you have a permanent disability that prevents you from returning to work within 60 days after your temporary disability ends, and your employer does not offer modified or alternative work, you may qualify for a nontransferable voucher payable to a school for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law based on your percentage of permanent disability.

**Death Benefits:** If the injury or illness causes death, payments may be made to relatives or household members who were financially dependent on the deceased worker.

**It is illegal for your employer** to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) benefits. Call State Employment Development Department at (800) 480-3287.

You can obtain free information from an information and assistance officer of the State Division of Workers' Compensation (DWC), or you can hear recorded information and a list of local offices by calling (800) 736-7401. You may also go to the DWC website at [www.dwc.ca.gov](http://www.dwc.ca.gov).

**You can consult with an attorney.** Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their web site at [www.californiaspecialist.org](http://www.californiaspecialist.org).

por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no pueda trabajar durante más de 14 días.

**Regreso al Trabajo:** Para ayudarle a regresar a trabajar lo antes posible, Ud. debe comunicarse de manera activa con el médico que le atienda, el administrador de reclamos y el empleador, con respecto a las clases de trabajo que Ud. puede hacer mientras se recupera. Es posible que ellos coordinen esfuerzos para regresarle a un trabajo modificado, o a otro trabajo, que sea apropiado desde el punto de vista médico. Este trabajo modificado u otro trabajo podría ser temporal o podría extenderse dependiendo de la índole de su lesión o enfermedad.

**Pago por Incapacidad Permanente:** Si el doctor dice que su lesión o enfermedad resulta en una incapacidad permanente, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, su edad, su ocupación y la fecha de la lesión.

**Beneficio Suplementario por Desplazamiento de Trabajo:** Si Ud. Se lesionó después del 1/1/04 y tiene una incapacidad permanente que le impide regresar al trabajo dentro de 60 días después de que los pagos por incapacidad temporal terminen, y su empleador no ofrece un trabajo modificado o alternativo, es posible que usted reúna los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo entrenamiento y/o mejorar su habilidad. Si Ud. reúne los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales basado en su porcentaje de incapacidad permanente.

**Beneficios por Muerte:** Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a los parientes o a las personas que viven en el hogar y que dependían económicamente del trabajador difunto.

**Es ilegal que su empleador** le castigue o despida, por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (El Código Laboral sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (SDI). Llame al Departamento Estatal del Desarrollo del Empleo (EDD) al (800) 480-3287.

Ud. puede obtener información gratis, de un oficial de información y asistencia, de la División Estatal de Compensación de Trabajadores (*Division of Workers' Compensation - DWC*) o puede escuchar información grabada, así como una lista de oficinas locales llamando al (800) 736-7401. Ud. también puede consultar con la página Web de la DWC en [www.dwc.ca.gov](http://www.dwc.ca.gov).

**Ud. puede consultar con un abogado.** La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, ó consulte con la página Web en [www.californiaspecialist.org](http://www.californiaspecialist.org).



State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION



Estado de California
Departamento de Relaciones Industriales
DIVISION DE COMPENSACION AL TRABAJADOR

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACION DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer.

Empleado: Complete la seccion "Empleado" y entregue la forma a su empleador. Quedese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Ud. tambien deberia haber recibido de su empleador un folleto describiendo los beneficios de compensacion al trabajador lesionado y los procedimientos para obtenerlos.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a proposito haga o cause que se produzca cualquier declaracion o representacion material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensacion a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above Empleado—complete esta seccion y note la notacion arriba.
1. Name. Nombre. Today's Date. Fecha de Hoy.
2. Home Address. Direccion Residencial.
3. City. Ciudad. State. Estado. Zip.Codigo Postal.
4. Date of Injury. Fecha de la lesion (accidente). Time of Injury. Hora en que ocurrio. a.m. p.m.
5. Address and description of where injury happened. Direccion/lugar donde ocurrio el accidente.
6. Describe injury and part of body affected. Describa la lesion y parte del cuerpo afectada.
7. Social Security Number. Numero de Seguro Social del Empleado.
8. Signature of employee. Firma del empleado.

Employer—complete this section and see note below. Empleador—complete esta seccion y note la notacion abajo.
9. Name of employer. Nombre del empleador.
10. Address. Direccion.
11. Date employer first knew of injury. Fecha en que el empleador supo por primera vez de la lesion o accidente.
12. Date claim form was provided to employee. Fecha en que se le entrego al empleado la peticion.
13. Date employer received claim form. Fecha en que el empleado devolvió la peticion al empleador.
14. Name and address of insurance carrier or adjusting agency. Nombre y direccion de la compania de seguros o agencia administradora de seguros.
State Compensation Insurance Fund
15. Insurance Policy Number. El numero de la póliza de Seguro.
16. Signature of employer representative. Firma del representante del empleador.
17. Title. Título. 18. Telephone. Teléfono.

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que provea copias a su compania de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta peticion dentro del plazo de un dia habil desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

- Employee copy/Copia del Empleador Employee copy/ Copia del Empleado Claims Administrator/Administrador de Reclamos Temporary Receipt/Recibo del Empleado

e3301 (Rev. 9/10) - DWC Form 1 (Rev. 6/10)

## SCIF 3301 Acknowledgement of Receipt

**Purpose:**

To acknowledge the receipt of the SCIF 3301 Employee's Claim for Workers' Compensation Benefits Form.

**When to Use:**

This is one of several forms that must be completed by the injured member following a work related injury or illness as part of the workers' compensation claim process.

**Location of Form:**

Available on-line at [http://www.watershedstewards.com/member\\_forms](http://www.watershedstewards.com/member_forms).

**Where and When to Deliver:**

Fill out the "Employee's Acknowledgement of Receipt" section, sign and fax to the WSP Member Coordinator at (707) 725-8602 immediately. This form is time sensitive! Mail the original to the WSP Member Coordinator immediately as well. The WSP Member Coordinator manages the submission of workers' compensation claims.

**Authorizations:**

Member signs and dates. WSP Member Coordinator signs and dates.

**Monitoring and Follow Up:**

Filed with the member's Worker's Compensation packet and submitted to the CCC.



STATE OF CALIFORNIA  
**ACKNOWLEDGMENT OF RECEIPT**  
OF THE SCIF 3301

**TO:** Departmental Employee

**SUBJECT:** Acknowledgement of Receipt of the SCIF 3301, Workers' Compensation Claim Form & Notice of Potential Eligibility

Attached is a *Workers' Compensation Claim Form & Notice of Potential Eligibility* (SCIF 3301). Your supervisor or manager is required to provide this form to you upon receiving notification of a work-related injury or illness.

When you receive the SCIF 3301, complete this form and return it to your supervisor or manager.

You must complete the SCIF 3301 if you want to pursue a claim for a work-related injury or illness. Your insurance carrier is the State Compensation Insurance Fund (SCIF). SCIF is responsible for making all liability determinations regarding your claim. SCIF determines liability using available medical documentation and relevant facts.

**Supervisor's Section:** The supervisor must complete this section only if the injured or ill employee is unavailable. Enter the date the SCIF 3301 was sent to the employee by certified mail.

When the employee returns this form, forward it to your departmental Health and Safety/Workers' Compensation Unit.

**EMPLOYEE'S ACKNOWLEDGMENT OF RECEIPT**

This is to acknowledge that I have received a SCIF 3301, *Workers' Compensation Claim Form & Notice of Potential Eligibility*.

I understand that if I want to pursue a claim for a work-related injury or illness, it is my responsibility to complete the SCIF 3301 and return it to my supervisor.

EMPLOYEE NAME	DATE OF INJURY OR ILLNESS
DATE SCIF 3301 RECEIVED	EMPLOYEE SIGNATURE ▶

**SUPERVISORS SECTION**

DATE SCIF 3301 SENT "CERTIFIED MAIL"	SUPERVISOR'S SIGNATURE ▶
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## Doctor's Evaluation of Injury/Illness Form CCC 272

### Purpose:

Used by a medical provider to evaluate member's workers' compensation-related injury or illness and capability to return to full or modified work duties.

### When to Use:

Take this with you on any and every doctor's visit for a work related injury or illness.

### Location of Form:

Available on-line at [http://www.watershedstewards.com/member\\_forms](http://www.watershedstewards.com/member_forms).

### Where and When to Deliver:

A CCC 272 form, with the medical provider signature, must be received by the WSP office before the member is allowed to return to work. Fax form to the attention of the WSP Member Coordinator as soon as possible after each doctor visit. The original form must also be mailed to the WSP Office.

### Authorizations:

A new form must be signed by the medical provider upon each evaluation of injury or illness.

### Monitoring and Follow Up:

The medical provider will determine whether or not the member is capable of returning to work in a full or limited capacity.

If the member requires any follow-up medical appointments, he or she must bring the following forms to be completed by the medical provider and forwarded to the WSP Member Coordinator **for each visit**.

- Job Analysis AmeriCorps Member Essential Job Functions, and
- Doctor's Evaluation of Injury/ Illness CCC 272.



State of California  
DOCTOR'S EVALUATION OF INJURY/ILLNESS  
CCC 272 (Revised 03/09)

California Conservation Corps

**“CONFIDENTIAL”**

**DOCTOR'S EVALUATION OF INJURY/ILLNESS**  
To be completed by Physician

Patient Name: \_\_\_\_\_ Last 4 Digits SSN: \_\_\_\_\_

Injury Date/Time: \_\_\_\_\_ Date of Exam: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Injury Type:  Work-Related  Not Work-Related

**TO ATTENDING PHYSICIAN:**

If this is a work-related injury/illness, please treat the above injured/ill worker in accordance with the terms of the Workers' Compensation laws. Subsequent treatment for a work-related injury must be authorized by the State Compensation Insurance Fund (SCIF).

The original Doctor's Evaluation of Injury/Illness should be returned to the injured/ill employee, who will then be responsible for providing it to his/her Supervisor or Center Clerk.

They responsibility of the Physician to send a copy of the "Doctor's Evaluation of Injury/Illness" and a "Doctor's First Report of Occupational Injury or Illness" the California Conservation Corps, Health & Safety Unit at 1719 24<sup>th</sup> Street; Sacramento CA 95816 AND the SCIF office marked below:

- P.O. Box 9010932       P.O. Box 9230       P.O. Box 1609  
Commerce, CA 90091-0932      Oxnard, CA 93031-9045      Rohnert Park, CA 94927-1609
- P.O. Box 4973       P.O. Box 59901       P.O. Box 3171  
Eureka, CA 95502-4973      Riverside, CA 92517-1901      Sacramento, CA 94585

**Body Part:** \_\_\_\_\_

**Exam Type:**  First Aid Only       Initial Evaluation/Treatment       Follow-up  
 Consultation Only       Other

**Job Description/Job Analysis Reviewed:**  Yes       No

**Work Status:**

Return to Full Duty with No Restrictions On \_\_\_\_\_ (Date)

Return to Work with Restrictions (see below) On \_\_\_\_\_ (Date)

Remain Off Duty until: \_\_\_\_\_ (Date)





State of California  
DOCTOR'S EVALUATION OF INJURY/ILLNESS  
CCC 272 (Revised 03/09)

California Conservation Corps

**Off Duty Restrictions:**

Same as above     Additional: \_\_\_\_\_

**Further Treatment Needed:**     Yes     No

**Patient is Permanent and Stationary:**     Yes     No

**Permanent Disability Expected:**     Yes     No     Unknown  
(This opinion is not binding as the patient's condition may improve or worsen in the future.)

**Treatment:**     Physical Therapy     Hand Therapy     Other: \_\_\_\_\_

**Testing:**     CT Scan     MRI     EMG     X-Ray     Other: \_\_\_\_\_

**Testing Date/Time:** \_\_\_\_\_

**Referred for Evaluation with:** \_\_\_\_\_ **Clinic:** \_\_\_\_\_

**Comments:**

**Next Appointment Date/Time:** \_\_\_\_\_ **Clinic:** \_\_\_\_\_

*I, the treating physician, have not violated Labor Code Section 139.3. The contents of this report are true and correct to the best of my knowledge. This statement is made under penalty of perjury.*

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Clinic:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CCC 50 Witness Statement Form

**Purpose:**

To add further information about a work related injury or illness incident.

**When to Use:**

Following a work related injury or illness which was witnessed by another individual.

**Location of Form:**

Available on-line at [http://www.watershedstewards.com/member\\_forms](http://www.watershedstewards.com/member_forms).

**Where and When to Deliver:**

The Witness Statement Form must be completed by the witness and faxed to the WSP Member Coordinator ASAP after the incident. The original, signed document must be mailed to the WSP Office.

**Authorizations:**

The Witness Statement Form must be signed by the individual who witnessed the incident.

**Monitoring and Follow Up:**

The Witness Statement Form will be reviewed and considered by the CCC Headquarters and State Compensation Insurance Fund along with the rest of a worker's compensation claim.



State of California  
**WITNESS INFORMATION FORM**  
CCC 50 (Revised 03/09)

California Conservation Corps

**WITNESS INFORMATION FORM**

This form must be completed by the injured employee's supervisor or other department designee within 72 hours of the incident. Attach to the *Employer's Report of Occupational Injury or Illness* (SCIF 3067). If completed after the SCIF 3067 has been submitted, forward it to your departmental Health and Safety/Workers' Compensation Unit. This information will be sent to the State Compensation Insurance Fund office adjusting this claim.

INJURED EMPLOYEE

DATE OF CLAIMED INJURY OR ILLNESS

INJURED EMPLOYEE WORK LOCATION

**WITNESS, POTENTIAL WITNESSES, AND /OR KNOWLEDGEABLE PERSONS**

The persons below have been identified as having witnessed, or having knowledge about, the claimed work-related injury or illness. The persons listed may be asked to provide testimony surrounding the facts of the claim before the Workers' Compensation Appeals Board.

(If more space is needed, use other side of this form.)

TITLE	NAME	PHONE NUMBER
WORKERS' COMPENSATION SPECIALIST (CENTER CLERK AND TIMEKEEPER)		
WORKERS' COMPENSATION UNIT (RETURN TO WORK COORDINATOR)		
1 <sup>ST</sup> LINE SUPERVISOR		
2 <sup>ND</sup> LINE SUPERVISOR		
List other potential witnesses below:		
1.		
2.		
3.		
4.		
5.		
6.		
COMPLETED BY (Supervisor or Designee)		DATE



## Grievance and Appeal Forms

### CCC 2-4 Corpsmember Request to Review Separation / Suspension Form

**Purpose:**

To provide a means for a member who feels he or she has been wrongfully separated or suspended from WSP to review or appeal the decision.

**When to Use:**

Following separation or suspension upon decision to review or appeal.

**Location of Form:**

Available online at: [http://www.WatershedStewards.com/member\\_forms](http://www.WatershedStewards.com/member_forms).

**Where and When to Deliver:**

An original, signed Corpsmember Request to Review Separation / Suspension Form must be mailed to the WSP Office within five days of the separation or suspension.

**Authorizations:**

The Corpsmember Request to Review Separation / Suspension Form must be signed by both the WSP Project Director and member.

**Monitoring and Follow Up:**

The action and request will be reviewed for consideration by the WSP Project Director for decision. If the member is not satisfied with the decision, an appeal can be made with the CCC Fortuna Center Director within 15 days of the incident.



State of California

California Conservation Corps

**CORPSMEMBER REQUEST TO REVIEW SEPARATION/SUSPENSION**

**Level 1** If you wish to appeal to the next level of review, this request must be submitted to the next supervisory level for review within 5 days.

**Level 1 decision:** Separation/Suspension Upheld ( ) Separation/Suspension Overturned ( )

Please explain the reasons for the decision and any additional actions taken:

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date review decision received by Corpsmember: \_\_\_\_\_

This decision IS ( ) IS NOT ( ) acceptable to me.

Corpsmember Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Level 2** If you are not satisfied with the decision of the first level, an appeal can be made to the District Director within 15 days of your separation.

Decision is due within 20 days of receipt.

**Decision of Appeal:** Separation/Suspension Upheld ( ) Separation/Suspension Overturned ( )

Please attach an explanation of the reasons for the decision and additional actions taken.

District Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date copy sent to Corpsmember: \_\_\_\_\_ Date copy sent to CDC/District CMD Staff: \_\_\_\_\_

Corpsmember Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FORMAL APPEAL** (must be filed within 15 calendar days after receiving Level 2 decision)

Completed by Field Division Chief (Response due within 20 days)	Date Received: Date of Response:
<b>DECISION:</b> _____ _____	
Field Division Chief's Signature:	Date:

**THE DECISION OF THE FIELD DIVISION CHIEF SHALL BE FINAL AND BINDING**

## CCC 2-2 Corpsmember Grievance Form

**Purpose:**

To allow WSP members the opportunity to resolve training and service-related problems in a fair, orderly and expedient manner, and to ensure that members are protected from discrimination.

**When to Use:**

Upon identifying a training or service-related problem which cannot be resolved through informal conflict resolution.

**Location of Form:**

Available online at: [http://www.WatershedStewards.com/member\\_forms](http://www.WatershedStewards.com/member_forms).

**Where and When to Deliver:**

An original, signed Corpsmember Grievance Form must be mailed to the WSP Office within one week following the unsuccessful attempt to resolve a dispute through an informal meeting with the mentor.

**Authorizations:**

The Corpsmember Grievance Form must be completed and signed by the WSP member as verification of the problem.

**Monitoring and Follow Up:**

The WSP Project Director will review the Corpsmember Grievance Form for determination to be upheld or denied within 10 days following receipt of the grievance.



California Conservation Corps  
**CORPSMEMBER GRIEVANCE**

The purpose of the CCC corpsmember grievance procedure is to allow corpsmembers an opportunity to resolve training or job-related problems in a fair, orderly and expedient manner, and to ensure that corpsmembers are protected from discrimination.

Staff of the CCC will treat a corpsmember's grievance as a private and personal matter.

**Corpsmember**

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If you are a current corpsmember wishing to file a formal grievance, you must first attempt a resolution through an informal meeting with your immediate supervisor within seven (7) days of the act resulting in the grievance. Your immediate supervisor must give you a decision within seven (7) working days. All grievances not resolved informally must be filed within seven (7) working days of that decision. If you are a former corpsmember, mail your grievance to the District Director.

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

Date: \_\_\_\_\_

Service District: \_\_\_\_\_ Center/Satellite: \_\_\_\_\_

State the reasons which constitute the grievance. Provide SPECIFIC DETAILS, dates, names and positions of any witnesses. Attach any additional paper or supporting documents if necessary.

Please provide a brief description of the solution your immediate supervisor suggested:

What action do you want taken?

Date problem discussed with immediate Supervisor: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CORPSMEMBER

## Policies, Rules and Codes of Conduct

To accomplish the WSP objectives and goals, policies and standards have been established. Pertinent WSP policies, standards and guidelines are presented here to help program participants understand what program expectations are and how these expectations can easily be accomplished.

### AmeriCorps/WSP Policies, Rules and Codes of Conduct

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#### WSP Rules of Behavior

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A member must follow all AmeriCorps, WSP, CCC, and Placement Site rules, policies, and procedures.

Individual AmeriCorps members should have and must display self-respect, respect for others, respect for authority, and respect for the law. An AmeriCorps member who violates these standards or any other directive of WSP will be subject to disciplinary action up to and including termination from the program. Specific Rules of Behavior include:

- **Alcohol/ Drugs** – Possession, sale or use of alcohol or illegal drugs or alcohol/ drug paraphernalia is prohibited on State or Federal property, vehicles, and/ or Project training or service sites (this includes both WSP and non-WSP sponsored events). Members must follow the Alcohol and Other Drug Policy at all times while performing CCC/WSP business or while involved in CCC/WSP-sponsored projects and/or recreational activities anywhere, including off CCC/WSP property.
- **Absent Without Leave** – AmeriCorps members must have permission before leaving a project or their appointed place of service. AmeriCorps members must return at the appointed time. Leaving without permission or failure to return on time is considered Absent Without Leave, and is grounds for termination.
- **Attendance** – Members are responsible for arriving and leaving at agreed upon times, and returning on time after lunch or any break period. Tardiness is unacceptable. Members who are unable to report to their placement site should notify their mentor before their expected time of arrival, as well as make a proper record in the Database. This applies to all WSP training sessions, community outreach, and service events. If a member is absent for more than five days without proper notification, she or he may be discharged. Members are required to report to their placement site location for daily work assignments. Regular work schedules should not include working outside the office in a public setting (such as a library or coffee shop), however it is permitted from time to time. Members are never to work from home per AmeriCorps regulations. Additionally, members must submit a Vacation Request Form, to be approved by both their mentors and WSP Staff, for planned time off for any period time greater than 1 day.
- **Conduct** – AmeriCorps members have a responsibility to work cooperatively and collaboratively for the betterment of AmeriCorps, CCC, and WSP as a whole, both on and off duty. Conduct showing lack of good judgment or cooperation, disrespect for racial, sexual, or individual differences, harassment of others, breach of confidentiality, prohibited activities during service



hours, unsafe behavior, or an unwillingness to assume member responsibilities may be grounds for termination.

- **Courtesy** – It is the responsibility of each WSP member to be courteous to community members and each other at all times. The image of an organization rests upon the behavior of those who represent it.
- **Dress/Uniform** – Members must follow the WSP Uniform Policy at all times when representing the program and when claiming service/training hours.
- **Insubordination** – Refusal to serve or to comply with an order (insubordination) is a serious offense and is grounds for termination. This includes not performing tasks assigned by WSP staff and mentors, lying, not attending monthly meetings or required conferences, and using profane or abusive language toward a staff person, mentor or other AmeriCorps program participant.
- **Professionalism** – Members have the responsibility of maintaining a high level of professionalism in all their dealings; this includes being prompt and ready to serve at service sites, education/ outreach events, and monthly meetings/ trainings. Meetings and deadlines must be kept, language must be clear, concise and inoffensive, placement site partners and mentors should be kept apprised of project progress, phone manners must be impeccable, and a positive and calm attitude should prevail at all times.
- **Safety** – WSP makes every effort to provide a safe and healthful service environment. Members have the responsibility of performing their service tasks safely. If an unsafe or hazardous situation should occur while a member is performing a service task, the member is responsible for reporting the hazard to their placement site mentor immediately. If no corrective action is taken, the member must inform the WSP Project Director, Carrie Gergits, 707-725-8601.
- **Tobacco** – Members are prohibited from smoking or chewing tobacco inside state owned or leased space including all indoor areas, parking lots, residential spaces, and yard areas unless designated as a tobacco use area; within 20 feet horizontally or vertically from of main exit, exterior entrance, operable window, or air intake opening of any AmeriCorps, CCC, WSP, or service site sponsored facility; in a state-owned vehicle; or at any location designated a non-smoking area by local, state, or federal statues such as schools, colleges or universities, playgrounds, or areas otherwise designated as a non-smoking area. Tobacco use is prohibited during work hours except when on authorized work breaks or lunch periods, and no members shall purchase tobacco product while on official state business. Members should never smoke or use tobacco products while in uniform (wearing any AmeriCorps identification) and should never smoke/ use tobacco products in the presence of children under 18. Members must also follow the related policies of their service site, or service-related rented facility/ grounds when stricter.
- **Unlawful Acts** – Theft, extortion, gambling, or other unlawful acts are not tolerated and are grounds for termination.

- **Violence** – Fighting, violence, threats of violence, disorderly conduct, or destruction of State or Federal property are grounds for termination. Members must follow the Violence in the Workplace Policy at all times.
- **Weapons** – AmeriCorps members are not allowed to carry, keep, or use weapons on State or Federal property or project sites. Use or possession of weapons while performing AmeriCorps activities is grounds for termination.

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## Communication Policies

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### Open Communication

It is WSP policy that each manager or supervisor in the organization encourages members to engage in communication that facilitates a positive relationship between all levels of the WSP structure and allows issues, concerns, and differences to be discussed openly.

Manager and Member Compliance Guideline:

- Work collaboratively, be a team member.
- Encourage impromptu discussions and information exchange.
- Give and receive constructive criticism in an open and supportive way.

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### Conference Call Policy

WSP relies on program wide conference calls to keep lines of communication open with staff and members, and to share important program updates. WSP conducts these conference calls every other month, on the last Tuesday of the month at 9am. All WSP Members are required to attend the live phone call, unless pre-approved by WSP's Project Manager to miss the phone call. If approved to miss the live call, members are still required to call in and listen to the recorded version of the call by the 10<sup>th</sup> of the following month.

**Conference Call Phone Number:** 1-866-643-0665

**Pass Code:** 9220060

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### WSP Media Policy

WSP relies heavily on media coverage to help promote and maintain a positive image in the communities we serve.

All WSP members will be required to contribute to a minimum of two media sources during their term of service, one for WSP's tri-annual newsletter *The Tributary Tribune* and one as part of the media outreach campaign for their Individual Service Project (ISP).

Many opportunities for engaging the media exist and WSP highly encourages members to seek out and contribute to those opportunities. Media contributions include the following: On-Line or Print Publications such as magazines, newsletters, journals, etc., Radio or television campaigns, Fliers and

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Posters, Press Releases, Media Advisories, Public Service Announcements (PSA's), and Interviews.

### **Tributary Tribune**

WSP will publish *The Tributary Tribune* three times during the term of service with each of the three issues highlighting a different WSP region. All members within the featured region will be required to provide at least one contribution which may include photos, original works of art, poetry, stories, reflections, and general informational articles. Submissions will be reviewed, edited and approved by WSP staff and Team Leaders. Submissions will be due six weeks prior to the scheduled print date.

### **Individual Service Projects (ISPs)**

All WSP members are required to coordinate an Individual Service Project (ISP). One of the requirements for successfully completing the ISP is to conduct a media campaign. At minimum, all members will be required to submit a Media Advisory, PSA, or Press Release.

### **WSP members are expected to abide by the following guidelines for all media efforts:**

- Always abide by the WSP member standards of conduct and rules of behavior.
  - Always represent WSP in a positive, professional manner.
  - Be sure that all content associated with you is consistent with WSP's professional standards.
- Contribute only meaningful, respectful information regarding WSP, the CCC and AmeriCorps.
  - Do not state anything that is false, misleading, obscene, defamatory, profane, discriminatory, libelous, threatening, harassing, abusive, hateful, or embarrassing to another person or entity.
  - Make sure to respect others' privacy.
  - Any information from online or print sources must be cited and all photos and original works of art will be credited.
- Always use the following tagline:
- The AmeriCorps Watershed Stewards Project (WSP), a special project of the California Conservation Corps, is administered by CaliforniaVolunteers and sponsored by the Corporation for National and Community Service
- Always quote the WSP mission statement as follows:
- The mission of the AmeriCorps Watershed Stewards Project (WSP) is to conserve, restore, and enhance anadromous watersheds for future generations by linking education with high-quality scientific practices.
- Before contacting reporters or media outlets all WSP members involved or interested in public communication must submit their proposed document to the WSP office through the chain of command listed below, with the WSP Project Director having final review and approval. This includes, but is not limited to press release distributions, web postings, advertisements, public event notifications, and editorials.
- If any contact is made from reporters or media outlets to a WSP member, they must be referred to the WSP Project Director. Without specific prior approval to answer media questions all members should simply state that it is WSP/CCC policy that all inquiries go to the WSP Project

Director. Media inquiries include television and radio stations, newspapers, magazines, web sites, and any other publications and media outlets.

- When a WSP member is contacted by a member of the news media, information about the contact must be forwarded to the WSP Project Director within 24 hours. Information should include the contact’s name, affiliation, and a summary of the questions. This information can be relayed in the form of a fax, email, or phone call. If a fax or email is sent, please confirm receipt through a phone call.
- If a WSP member becomes aware of newsworthy events or activities, whether they have positive or negative implications for the program, he/she should promptly inform the WSP Project Director

Below you will find a table with the expected submission protocol and chain of command for various types of media:

Type of Media	Route of approval	Due Date
Publications (On-line or Printed) (Magazines, newsletters, journals, etc...)	VMTL PM CD	4 weeks before release
Press Releases	VMTL PM CD	4 weeks before release
PSA	VMTL PM CD	4 weeks before release
Media Advisories	VMTL PM CD	4 weeks before release
Fliers	VMTL PM CD	4 weeks before release
Interviews	VMTL PM CD	4 weeks before release
Outreach to Public Officials	PD CD (w/in 24 hrs)	If aware of the interaction ahead of time, as soon as possible.
Post ISP/event media	VMTL PM CD	2 days after event, must be available to media source within 1 week

CD - CCC Center Director      PD – WSP Project Director  
PM – WSP Project Manager      VMTL – Volunteer/Media Team Leader



## Email

As a member of WSP, you are required to have a CCC email account. It is every member's responsibility to check their CCC email accounts on a regular basis (daily - unless you are on travel status and internet access is not available, in which case weekly is appropriate). Please know that email notification is our office's primary way of communicating with 55 people geographically spread out throughout California. We rely on members to thoroughly review all emails that are sent from our office to ensure the program operates efficiently. This includes emails from each of the four Team Leaders.

### Directions for first time login:

1. Go to <https://hqnet.ccc.ca.gov> to change your generic password (salmon1).
2. Go to <https://webmail.ccc.ca.gov/owa>
3. Log in using your username (first letter of your first name and the first 7 letters of your last name) and the password you just created for yourself. Example: John Smith = Username: JSmith

### Password

You must change your password every 90 days. Each time you do this, your new password must be unique from your previous passwords. The first three characters of the password cannot be repeated. To do this, visit: <https://hqnet.ccc.ca.gov/>.

### Email Signature

Every member must create a signature for their CCC email account. Here are directions for how to do so in Outlook:

1. Click on "Options" on the top right side of the screen
2. Enter your email username and password
3. Chose "Settings" on the top left side of the screen
4. A text box to create a signature in will appear

### Sample Signature:

Sammy Salmon  
AmeriCorps Watershed Stewards Project Member  
Placed at the Dept. of Fish and Game- Hopland  
4070 University Road  
Hopland, California 95549  
(707)744-8713  
[Sammy.Salmon@CCC.CA.GOV](mailto:Sammy.Salmon@CCC.CA.GOV)  
[www.watershedstewards.com](http://www.watershedstewards.com)

The AmeriCorps Watershed Stewards Project's (WSP) mission is to conserve, restore, and enhance anadromous watersheds for future generations by linking education with high quality scientific practices.

A special project of the California Conservation Corps, WSP is administered by CaliforniaVolunteers and sponsored by the Corporation for National and Community Service .

\*Please note, the text following the web address is required at the bottom of your signature.

## Calendar

Please utilize your Outlook Calendar. You will find it at the bottom right hand side of the Outlook screen. WSP staff keeps it up to date with pertinent program information. It is also a great way to see when staff will be out of the office. You are able to “share” your calendar with others. To do this:

1. Open your calendar (located at the bottom right hand side of screen)
2. Chose “share” from the top menu
3. Chose “share a calendar” from the drop down menu
4. Type in the email address of the person who you would like to share with
5. Click “all information”
6. Check the box “I want to request permission to review the recipient’s calendar folder”

## Troubleshooting

One of the benefits to having a CCC email account is that you can contact the Help Desk directly. They provide technical support and troubleshooting from the Headquarters office in Sacramento.

**The CCC Help Desk can be reached at:** [Help.desk@ccc.ca.gov](mailto:Help.desk@ccc.ca.gov) or at 916-341-4400.

PLEASE DO NOT CONTACT THE WSP OFFICE WITH EMAIL ISSUES. NONE OF OUR STAFF ARE TRAINED TO TROUBLESHOOT IT PROBLEMS AT THIS TIME. If there is an issue that you have been working on with the CCC Help Desk and the problem is taking awhile to resolve, please CALL our office to let us know of the problem and we will find alternate ways to communicate with you.

## SPAM

The CCC email has two spam filters: Outlook’s Junk E-mail box and Forefront. You will know if an email has been filtered by Forefront because you will get an email with the subject heading “Spam Quarantine Notification.” You can open this email and tell Forefront whether the email in questions is legitimate or spam by clicking the appropriate box. You can also check what emails have been filtered by Forefront by going to: <https://quarantine.messaging.microsoft.com/Main.aspx>. Enter your CCC username and password. You can always click on “Need your password?” if you cannot remember your password and you will receive a new one in your CCC email.

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## Tagline

WSP requires all communications to include both the project mission and administration tagline on all outgoing documentation:

**The AmeriCorps Watershed Stewards Project's (WSP) mission is to conserve, restore, and enhance anadromous watersheds for future generations by linking education with high quality scientific practices.**

*A special project of the California Conservation Corps, WSP is administered by CaliforniaVolunteers and sponsored by the Corporation for National and Community Service.*



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## Social Networking

WSP maintains active Facebook and Twitter accounts for the purposes of maintaining program visibility within the communities we serve. These accounts are managed by WSP Staff and Team Leaders.

If you participate in social media (Facebook, Twitter, Myspace or ANY other online social networking site) as a WSP member, you must follow these guiding principles:

- WSP member standards of conduct and rules of behavior (refer to page 153) apply to your online conduct as well as your offline behavior. Make sure you're familiar with them.
- It is your responsibility to represent WSP in a positive, professional manner.
- Be sure that all content associated with you is consistent with WSP's professional standards.
- Post meaningful, respectful comments. Avoid spam and remarks that are off-topic or offensive.
- Do not post anything that is false, misleading, obscene, defamatory, profane, discriminatory, libelous, threatening, harassing, abusive, hateful, or embarrassing to another person or entity. Make sure to respect others' privacy.

Remember:

- Always pause and think before posting.
- WSP's relationships with placement sites, funders, potential members and local communities are valuable assets that can be damaged through a thoughtless comment/post. Web interaction can result in members of the public forming opinions about WSP and its members, employees and partners.
- Your online presence reflects WSP! Be aware that your actions captured via images, posts, or comments reflect that of WSP.
- All e-communications are subject to monitoring by WSP staff.
- Violation of this policy can result in disciplinary action, up to and including termination.

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## Google Documents

All members are required to create a Google account using their CCC email address.

Google Docs is WSP's solution for multiple event sign-ups and the maintenance and sharing of member and mentor information between multiple placement sites throughout the service year.

Please follow these directions to set up your free Google account:

1. Go to [www.Google.com](http://www.Google.com)
2. On the top left hand side of the page, chose "more"
3. Chose "Documents" from the drop down menu
4. Click on the blue hyperlink for "Create an account now"
5. Follow the prompts on the next page. PLEASE NOTE: YOU MUST USE YOUR CCC EMAIL ADDRESS
6. Click the box to accept the terms of service

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## Time Off Policy

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WSP recognizes that periodically members may want or need to take time off. Members accrue approximately 12 personal days off (PDO) during their term of service, providing an average of 40 hours per week is maintained. If members maintain an average of less than 40 hours per week, then he/she may have less than 12 personal days off. Sites may choose to not allow members to take non-emergency time off during critical field seasons.

Members must also submit a Vacation Request Form, to be approved by both their mentor and WSP Staff, for planned time off for any period greater than 1 day.

### Member Compliance Guidelines:

- At the beginning of each term, discuss the placement site's policy regarding time off.
- Develop a weekly or bi-weekly schedule and follow through with it.
- Complete and submit a Vacation Request Form for any planned time off exceeding 1 day to the WSP office at least two weeks in advance. This must be approved by your mentor and the WSP office.
- Report all hours worked in the Database and submits to WSP office in a timely manner.
- Verify all hours reported and sign form Std. 634 Absence and Additional Time Worked Report.
- Review and verify the hours reported on form Std. 634 Absence and Additional Time Worked Report and submit with original member and mentor signatures to the WSP Office by the 10<sup>th</sup> of the following month.

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## Jury Duty

WSP is committed to strengthening the spirit of citizenship among AmeriCorps members, and believes that serving on a jury is an important responsibility of citizenship. Accordingly, members will be encouraged to serve jury duty, and will not be penalized for doing so. Members serving as jurors will continue to accrue their normal service hours and receive their living allowance and health benefits. They also may keep any reimbursements for incidental expenses received from the court.

### Member Compliance Guidelines:

- If time off for a jury duty summons is required, please notify your mentor and the WSP Project Director, Carrie Gergits, 707-725-8601.

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## Voting/Voter Registration

Participation in the electoral process through voting is a key element of citizenship. Therefore, members who are unable to vote before or after service hours will be allowed to do so during service hours.



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Member Compliance Guidelines:

- If required, arrange with the mentor when time can be taken from service to vote, and the allowable length of absence from the site.
- Please note that AmeriCorps service hours may not be used to conduct voter registration drives.

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**Medical Appointments**

Members should give their supervisors a minimum of 3 business days' notice of scheduled medical and dental appointments. When possible, appointments should be made for earlier in the morning or later in the afternoon so that the Member is only absent for a portion of the service day.

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**Injuries & Illnesses (Not Service Related)**

If a Member is too sick or injured to report for their duties, they must call their placement site office prior to the time they were scheduled to report in. For example, if a Member is scheduled to come in at 8:00 AM, they should call by 7:45 AM. Members should call in for themselves unless they are too ill or injured to make a phone call, for example, in the hospital, then a family member or friend designated in advance should call in for the Member. The program staff may request a doctor's note for days missed from service if sick leave abuse is suspected. Members are also expected to cancel any appointments, meetings, activities, etc.

**Documentation and Reporting**

Part of WSP's mandated requirements are to compile appropriate data and documentation for reporting, funding and evaluation purposes. All WSP program participants are required to submit necessary data and documentation in a timely manner.

Member Compliance Guidelines:

- Complete and submit required documentation as specified in Member Handbook.
- Ensure ample time and resources are devoted to compiling and submitting required documentation.

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## Field Gear Policy

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Members are issued gear from WSP, and are responsible for all gear from the time of issuance or check out through the end of the term of service. If any gear item is worn out and warrants replacing, members are required to notify WSP staff immediately, who will arrange a replacement if necessary. If gear is lost or destroyed due to misuse, members will be held accountable, up to and including financial compensation.

All WSP members are issued the following field gear items at the beginning of their term of service:

- Stream chest waders
- Stream wading boots
- Wading safety belt
- Boot gravel guards (gaiters)
- First Aid Kit
- Rescue throw bag
- Rain gear (jacket and pants)
- CCC hat

WSP has a limited quantity of the following field gear items available for individual check out at the beginning of their term of service. Check out can be arranged by contacting the WSP Office Manager and completing an Inventory Transaction Log:

- Sleeping bags
- Sleeping pads
- Tents
- Lighting: headlamps, lanterns
- Cooking: Camp stoves, pots and pans
- Rain gear
- Back packs
- Field guides

At the end of the term, members will be required to return all issued or checked out gear. Gear should be clean and neatly packaged (i.e. waders rolled up and tied, sleeping bags washed and stored in stuff sack, etc.), with the overall condition of each item and any specific areas of defect (i.e. leaks) clearly labeled with a marker.

If issued or checked out gear is lost and not returned at the end of the service term, the member will be charged for the depreciated cost of the missing items. These charges must be paid before the member service hours will be awarded.

### Member Compliance Guidelines:

- Use and maintain gear properly.



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## Vehicle Policy

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Every member, prior to operating a CCC, State, or Federal vehicle, is required to:

- Hold a valid California Driver License (Members holding licenses from other states must hold a California Driver License as well. The process of getting a license in California may take 30 days.)
- Submit a California Department of Motor Vehicles (DMV) driving record

Drivers of all State vehicles must pass both the CCC Blue Card and behind-the-wheel safety driving tests.

Members are required to notify their mentor and WSP Project Director immediately if the member receives a Driving under the Influence (DUI) or Reckless Driving – Alcohol Related citation during their term of service. Failure to notify your mentor and the Project Director, whether you continue to drive or not, may be grounds for termination.

The use of a personal vehicle for State business requires pre-approval from WSP staff. An “Authorization to Use Privately Owned Vehicles on State Business” (STD. 261) must be on file. Members authorized to drive personal vehicles must have appropriate insurance and a current California Driver’s License. Members should plan their work schedule to avoid driving personal vehicles for official State business whenever a State vehicle is available. Members should also try to avoid driving after dark when possible.

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### Driving, Cell Phone and Safety Belts

It is the responsibility of all members driving State and Federal vehicles to use good judgment and drive defensively at all times. AmeriCorps drivers and passengers must wear safety belts while riding in or driving a State or private vehicle while on State time. Members must follow the particular procedures set forth by their placement site in order to be authorized to drive State or Federal vehicles operated by that agency. Members will not drive any vehicle for official State business while under the influence of drugs or alcohol.

In California, it is illegal to use a hand held cell phone while driving a motor vehicle and WSP considers this an unsafe practice. All members must refrain from using a hand held cell phone while driving a motor vehicle during their service.

Violation of this policy can result in disciplinary action including suspension of driving privileges and termination.

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### Voyager Card

Voyager cards are issued to members who drive CCC or DFG vehicles for WSP related work and trainings. Every member who is issued a Voyager card will also be assigned a PIN number. This PIN is needed to make purchases with the card. It is the member’s responsibility to store their PIN in a

safe, secure place away from their card. If a PIN is forgotten, or a card is lost/stolen, it is the member's responsibility to notify the WSP Member Coordinator immediately.

**Directions for using the Voyager Card:**

1. Swipe the card through the magnetic slot or give to station attendant for processing
2. Enter PIN number
3. Enter the current vehicle odometer reading
4. Begin fueling
5. Remove fuel receipt from card reader and secure it
6. Mail receipts to WSP Office with monthly paperwork due on the 10th

**Acceptable purchases include:**

- Fuel (unleaded, diesel, propane and compress natural gas) from self-service islands\*
- Car wash (two per vehicle per month)
- Emergency services (battery/terminal cables, fluids, head/tail-lights, bulbs, belts/hoses, tires, wiper blade/refills, individual spark plugs (not sets), emergency engine repair, replacement radiator/fuel tank caps) ALWAYS PURCHASE THE LEAST EXPENSIVE ITEM
- National Automobile Club (lockouts, fuel delivery, tire service, battery jumps and vehicle towing) THE NUMBER IS 1-800-660-6065

\*Full-service islands are not to be used, unless the driver has documentation of a physical limitation on file with WSP, or under-hood, tire, or emergency services are needed.

**Card processing reminders:**

- There are only **THREE** transactions permitted daily for all cards
- Driver must ensure station attendant is processing the Voyager card as a **CREDIT CARD**
- If you make a purchase before 5:00am or after 8:00 pm Monday through Friday, weekends or on holidays, the station attendant will need to call VFS Sales Authorization at 1-800-987-6589 to complete the transaction.

**Receipts**

**Keep every receipt you get for Voyager card transactions, including gas purchases.** If you are making a purchase other than fuel, the receipt must be itemized and have your signature. You are required to mail the receipts to the office with your monthly paperwork that is due on the 10<sup>th</sup>. It is CCC policy that fuel receipts never remain in the vehicle so please be sure to have a safe place to file them (wallet, backpack, etc.).

Members will be individually notified in writing when purchases are made with the Voyager fuel card that requires clarification. This notification may require additional information from the member in the form of additional receipts or written responses.



## Vendors

The Voyager Card is accepted at the following participating retailers statewide:

Amoco	Marathon
Ashland	Mobil
BP/BP Procare	Phillips 66
Chevron	Shell*
Circle K	Sunoco
Citgo	SuperAmerica
Conoco	Texaco
Exxon	Unocal 76
Getty	Wilco
Texaco Express Lube	
Jiffy Lube International	
Oil Changer Stations	
National Automobile club	

\*A small number of the Shell locations in rural California lack the equipment to process a Voyager Card. Please check with the station before you pump gas.

### **National Automobile Club (NAC)**

\*This section applies to CCC vehicles only. NOTE: THIS SERVICE IS NOT TO BE USED FOR DFG VEHICLES.

The NAC emergency roadside service number may be used in the event that a CCC vehicle is disabled and located on a public street, highway or in a public parking garage, within the boundaries of the State of California. If you are ever in need of this service, follow these directions:

1. Call the National Automobile Club at 1-800-660-6065 (this number is also located on the windshield of state vehicles)
2. Provide the following information:
3. Your name (be sure to identify yourself as an employee of the State of California, California Conservation Corps)
4. Vehicle location and vehicle information (year, make, model)
5. State the nature of the call (lockout, flat tire, out of gas, etc.)
6. Get the estimated time of arrival.
7. You must give the fuel credit card to the NAC representative upon repair of the vehicle or completion of towing.
8. Secure the receipt
9. Make sure that all information is written on receipt (date, location, license number, driver's name, type of service).

#### Services Provided by NAC

- Mechanical First Aid: Minor mechanical adjustments to enable a state vehicle to be safely operated
- Battery Service: A “jump start” applied to a discharged battery
- Tire Change: Removal of a flat or damaged tire and replacement thereof with the inflated spare carried by such state vehicles
- Gasoline, Oil and Water Delivery: Delivery of gasoline, oil or water to a disabled state vehicle at the retail sales price of any gasoline or oil so delivered
- Lockout: Retrieval of the ignition key when locked inside the state vehicle, to the extent that it is retrievable without material risk or damaging the state vehicle. **This service does not include key making or locksmith service.**
- Towing: Towing any state vehicle that cannot be safely operated from the scene of disablement to the business location of the nearest state approved service station or state operated garage. A state vehicle may be towed to the location of the servicing company when qualified repairs are not available, and held until further instructions are received from the WSP office.

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## Second Term of Service Policy

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To be eligible for a second term of service with WSP, members must receive a satisfactory performance review for their first term of service and complete all program requirements. Satisfactory evaluation focuses on factors such as completing the required number of hours; satisfactorily completing assignments, tasks, and projects; paperwork; outreach hours; and any other criteria that was communicated to the member during their term of service.

Members interested in serving a third or fourth term with the program will have applications considered on a case-by-case basis. The same eligibility applies.

Note: Eligibility for a second term of service does not guarantee selection or placement. The member will still need to submit an application and go through the interview process.



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## Transfer Policy

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A transfer is defined as an AmeriCorps member who retains the service hours she or he has earned and applies them toward the completion of his or her Education Award by either: moving to a different geographic site within the same program, or, moving to a completely different AmeriCorps program. While the transfer may occur to meet compelling personal circumstances, the transfer must also meet programmatic needs.

Technically, a member has no right of transfer within a program. All requests for transfer, either within WSP, or to another AmeriCorps program, must go through the WSP Project Director.

### Member Compliance Guidelines:

***Transfer to Another AmeriCorps Program*** - The transfer of a member and his or her service hours from one AmeriCorps program to another must be done within certain parameters. Foremost, the transferring member must be leaving Program A for a compelling personal reason as determined by Program A. The transferring member must apply to and be accepted by Program B, and Program B must have an open slot available in order to offer enrollment.

***Compelling Personal Circumstance Defined*** - CNCS allows each WSP Project Director to decide on a case-by-case basis whether compelling personal circumstances are present. To warrant a finding of compelling personal circumstances, "the situation must be beyond the member's control." Programmatic situations that are out of the control of the member may be determined to be compelling personal circumstances. Other examples of compelling personal circumstances include sickness or illness of the member or death or critical illness of a person in the member's immediate family (spouse, parent, sibling, child, parent, guardian, and, in certain instances, fiancée/significant other).

\*Situations that do NOT constitute compelling personal circumstance include:

- going back to school,
- greater work/service experience,
- greater social opportunities,
- accepting other employment opportunities,
- desire to move where living costs are lower.

***Transfer Within WSP*** - Transfers should be based on legitimate programmatic reasons such as community need, organizational capacity, and mentor and placement-site circumstances. Transfers are very rarely made.

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## Non-Completion of Service Hours Policy

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Members are required to complete a minimum of 1700 hours of service during a period of 10 ½ months and not more than one year, unless there is a break in their service for compelling personal circumstance. At the end of the program or at the end of 10 ½ months of service, if a full-time member falls short of completing the required 1700 service hours for compelling personal reasons as described above, she or he is eligible to receive a prorated Educational Award. A member must have completed 15% of their term of service (255 hours for full-time participants) to be considered eligible for a prorated Education Award.

If a member is released for cause or leaves WSP for a personal reason that is not compelling as determined by the WSP Project Director, the member cannot receive any portion of his or her Education Award. Members cannot receive a prorated Education Award if they resign for non-compelling reasons.

### Member Compliance Guidelines:

Completion of the required number of service hours is not the only criteria that must be met in order to be eligible for the Education Award. The member must also satisfactorily complete assignments, tasks, paperwork and projects as defined by WSP staff and project mentors, and meet any other performance criteria that have been clearly communicated at the beginning of the term of service. Such requirements include the completion an Individual Service Project (ISP).

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## Personal Compelling Circumstances Policy

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A determination of personal compelling circumstances for release from the program is made by the program director based on the criteria set forth by the Corporation for National and Community Service (§ 2522.230, see below) and in compliance with all local, state, and federal laws.

The member must submit a written request to be released from the program due to personal compelling circumstances and provide reasonable documentation to the program supervisor. The program supervisor will review the request and provide a recommendation to the program director. The program director will consult with CV if necessary and make a determination to release or not release the member for personal compelling circumstances based on the criteria in § 2522.230 and documentation provided. All correspondence, documentation, and the final determination will become part of the member's personnel file and kept for the required five years. CV will be notified of the release.

### § 2522.230

(a) Release for compelling personal circumstances.

(1) An AmeriCorps program may release a participant upon a determination by the program, consistent with the criteria listed in paragraphs (a)(5) through (a)(6) of this section, that the participant is unable to complete the term of service because of compelling personal



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circumstances.

- (2) A participant who is released for compelling personal circumstances and who completes at least 15 percent of the required term of service is eligible for a pro-rated education award.
- (3) The participant has the primary responsibility for demonstrating that compelling personal circumstances prevent the participant from completing the term of service.
- (4) The program must document the basis for any determination that compelling personal circumstances prevent a participant from completing a term of service.
- (5) Compelling personal circumstances include:
  - (i) Those that are beyond the participant's control, such as, but not limited to:
    - (A) A participant's disability or serious illness;
    - (B) Disability, serious illness, or death of a participant's family member if this makes completing a term unreasonably difficult or impossible; or
    - (C) Conditions attributable to the program or otherwise unforeseeable and beyond the participant's control, such as a natural disaster, a strike, relocation of a spouse, or the nonrenewal or premature closing of a project or program, that make completing a term unreasonably difficult or impossible;
  - (ii) Those that the Corporation, has for public policy reasons, determined as such, including:
    - (A) Military service obligations;
    - (B) Acceptance by a participant of an opportunity to make the transition from welfare to work; or
    - (C) Acceptance of an employment opportunity by a participant serving in a program that includes in its approved objectives the promotion of employment among its participants.
- (6) Compelling personal circumstances do not include leaving a program:
  - (i) To enroll in school;
  - (ii) To obtain employment, other than in moving from welfare to work or in leaving a program that includes in its approved objectives the promotion of employment among its participants; or
  - (iii) Because of dissatisfaction with the program.
- (7) As an alternative to releasing a participant, an AmeriCorps\*State/National program may, after determining that compelling personal circumstances exist, suspend the participant's term of service for up to two years (or longer if approved by the Corporation based on extenuating circumstances) to allow the participant to complete service with the same or similar AmeriCorps program at a later time.

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## WSP Outdoor Code of Conduct

WSP supports the American Outdoor Code, and requires members to support and adhere to the basic Leave No Trace principles of outdoor conduct.

### The Code

- Be clean outdoors:
- Treat the outdoors as a heritage.
- Take care of the outdoors for yourself and others.

- Keep all trash and garbage out of lakes, streams, fields, woods, and roadways.
- Be careful with fire:
- Prevent wildfires.
- Build fires only where they are appropriate.
- When finished using a fire,
- Make sure it is out cold,
- Leave a clean fire ring, or
- Remove all evidence of the fire.
- Be considerate in the outdoors:
- Treat public and private property with respect.
- Use low-impact methods of hiking and camping.

**Be conservation-minded:**

- Learn how to practice good conservation of soil, water, forests, minerals, grasslands, wildlife, and energy.
- Urge others to do the same.

**Leave No Trace Principles**

1. Plan Ahead and Prepare:

Proper trip planning and preparation helps hikers and campers to accomplish trip goals safely and enjoyably while minimizing damage to natural and cultural resources. Campers who plan ahead can avoid unexpected situations and minimize their impact by complying with area regulations such as observing limitations on group size.

Anglers need to plan ahead by having permission on private land and by adhering to proper license and permit requirements. Anglers need to know the fishing laws and be prepared to care for their catch. Know the weather forecast and take proper safety equipment including life jackets, if appropriate. Leave a trip plan.

2. Travel and Camp on Durable Surfaces:

Damage to land occurs when visitors trample vegetation or communities or organisms beyond recovery. The resulting barren areas develop into undesirable trails, campsites, and soil erosion. Erosion causes fish habitat to be covered. Boaters should motor slowly in shallow water because of safety reasons and to reduce disturbance of the bottom.

3. Dispose of Waste Properly (pack it in, pack it out):

This simple yet effective saying motivates backcountry visitors to take their trash home with them. It makes sense to carry out of the backcountry the extra materials taken there by your group or others. Minimize the need to pack out food scraps by carefully planning meals. Accept the challenge of packing out everything you bring.



Take everything back in your pack, even line trimmings. Use a sealed plastic container to take out any leftover food. Fish entrails and human body waste should be buried at least 6-inches deep and 200 feet from water, trails or campsites.

4. Leave What You Find:

Allow others a sense of discovery: leave rocks, plants, animals, archaeological artifacts, and other objects as you find them. (It may also be illegal to remove archaeological artifacts.)

In areas such as state parks, permission or permit is required for taking of rocks, plants, animals or archaeological artifacts. Within required limits, you may harvest fish according to the rules and with proper permits/licenses, but you should consume what is harvested. Do not modify stream bottoms.

5. Minimize Campfire Impacts:

Some people would not think of camping without a campfire, yet the naturalness of many areas has been degraded by overuse of fires and increasing demand for firewood.

Burned areas causes increased erosion. Campfire areas are unsightly near streams and lakes.

6. Respect Wildlife:

Quick movements and loud noises are stressful to animals. Considerate campers observe wildlife from afar, give animals a wide berth, store food securely, and keep garbage and food scraps away from animals. Help keep wildlife wild.

Quick movements and loud noises also reduce fish catching opportunities. Respectfully handle fish that are caught and baits that are brought. If you are keeping a fish, dispatch (kill) it quickly and humanely, such as with a blow to the head or slitting the gills. Use lead-free fishing tackle. Do not throw rocks into a stream or lake.

7. Be Considerate of Other Visitors:

Thoughtful campers travel and camp in small groups, keep the noise down, select campsites away from other groups, always travel and camp quietly, wear clothing and use gear that blends with the environment, respect private property, and leave gates (open or closed) as found. Be considerate of other campers and respect their privacy.

Travel and fish quietly so as not to disturb the angler or the fish. Wear clothing that blends with the environment, such clothing also minimizes you scaring the fish.

**Wilderness Ethics**

Please practice Leave No Trace hiking and camping. You can reduce your impact on the

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environment by observing these guidelines:

Camping:

Camp in trees as opposed to meadows. Pine duff can withstand use much better than fragile meadow flowers and plants. Trees also offer you privacy and shelter from the wind. Camp at least 100 feet from trails and water. Animals will not come to water if you are too close.

Fire:

Use a small camp stove and avoid building campfires whenever possible. Campfires consume scarce vegetation and leave permanent scars on the rocks and land. Also, the risk of starting a forest fire is less when using a stove.

Sanitation:

Bury human waste in the top six to eight inches of soil at least 100 feet from water sources, and urinate well away from trails and water sources. If you must use soap, make sure it is biodegradable.

Refuse:

Pack out all garbage, litter and extra food. Nothing should be left behind. Food scraps, like egg and peanut shells and orange peels, take a long time to de-compose and are eyesores to other hikers.

Pets:

Pets are sometimes allowed in the wilderness: however, they must be kept under control at all times. Pets must not be allowed to chase wildlife.

Travel:

Travel in wilderness areas is restricted to foot or horseback. No motorized or mechanical equipment, including chainsaws and bicycles, is allowed. Group size may also be restricted.

Trails:

Use existing trails, and avoid cutting switchbacks. Shortcutting does not save time and will cause serious erosion problems.



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## WSP Prohibited Activities

AmeriCorps members are expressly prohibited from engaging in lobbying activities or partisan political activities, in the course of their duties, at the request of program staff, or in a manner that would associate their activities with AmeriCorps WSP.

AmeriCorps members, like any other citizen, may participate in lobbying or advocacy activities, but may do so only on their own time, at their own expense, and not while wearing an AmeriCorps uniform.

Examples of prohibited political activity include, but are not limited to, the following:

### Prohibited Political Activities

- Any comment asking an elected official for their support of future funding for AmeriCorps.
- A request made to other individuals asking them to speak to their elected officials about continued funding for AmeriCorps.
- Organizing a letter-writing campaign to Congress.
- Printing politically-charged articles in a Corporation or WSP funded newsletter.
- Taking part in political demonstrations or rallies.
- Advocating changes in state or local laws, including state or local ballot initiatives, and other advocacy activities related to protests, petitions, boycotts, or strikes.
- Advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials.
- Conducting voter registration drives.
- Assisting, promoting, or deterring union organizing, or impairing existing contracts for services or collective bargaining agreements.
- Engaging in partisan or election politics.

### Other prohibited activities include the following:

- Engaging in religious instruction.
- Serving with a for-profit business as part of education and training component of the program.
- Providing assistance to a business organized for profit.
- Activities that pose a significant safety risk to participants or others.
- Permitting a member to fill in for or displace an absent employee. By law, members may not under any circumstances perform services, duties or activities that were assigned to an employee or to an employee who recently resigned or was discharged. Programs may not use a member in a way that will displace an employee or position, or infringe on an employee's promotional opportunities.
- Writing a grant application to the Corporation or to any other Federal agency
- Fundraising

### Examples of permissible member activities:

- Soliciting several cans of paint from a store to meet an unanticipated need.
- Organizing an occasional "serve-a-thon" in which members recruit individuals to obtain sponsors in advance of an approved direct service event.

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- Writing a mini grant for a watershed/salmonid environmental education event.

**Examples of member activities that are NOT permissible:**

- Preparing a grant proposal (or performing other fundraising functions) to help the grantee achieve its matching requirements or to pay an organization's general operating expenses.
- Conducting research or writing for a Federal grant
- Providing fundraising assistance to other community-based organizations that do not provide an immediate and direct support to a grantee's approved direct service activity.
- Fundraising or soliciting food donations

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## Member Rights and Responsibilities

Like any group of individuals working together, AmeriCorps members must follow certain rules and regulations in order to be effective. The rights and responsibilities listed below are merely illustrative, and your WSP Project Director may identify others.

**Rights:**

- I. Participation in the Corporation and its programs and projects must be based on merit and equal opportunity for all, without regard to factors such as race, color, national origin, sex, sexual orientation, religion, age, disability, political affiliation, marital or parental status, military service, or religious, community, or social affiliations.
- II. You have a right to reasonable accommodation for disabilities. Programs must furnish reasonable accommodations for the known physical and mental limitations of qualified AmeriCorps members.
- III. If you believe your rights have been violated, you may report such violations to the directors of your program, who must establish and maintain a procedure for filing and adjudicating certain grievances. You may also file discrimination-related grievances with the Equal Opportunity Counselor of the Corporation for National and Community Service at (202) 606-5000, ext. 312 (voice), or (202) 606-5256 (TTY).

**Responsibilities:**

- I. To earn an education award, you must satisfactorily complete your program requirements and your full term of service (at least 1,700 hours during a 10 ½ - month period for the full-time award and at least 900 hours over 5 ½ - month period of time for the part-time award).
- II. Satisfactory service includes attendance, compliance with applicable rules, a positive attitude, quality service, and respect toward others in the program and in the community.
- III. You may be asked to sign a contract stating your rights and responsibilities while in AmeriCorps. You must abide by this contract and follow the rules of your program. You may be suspended or terminated if you violate the stated rules of behavior.



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## WSP Disciplinary Policy

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Discipline is training that is intended to produce a specific change in character or pattern behavior. Discipline can range from ongoing "preventive" training, such as orientation and counseling, to dismissal.

### Member Compliance Guidelines:

All AmeriCorps members must adhere to the AmeriCorps Member Rules of Behavior and uphold the WSP Standards of Conduct as described here and in the Member Handbook. WSP presents this information to members during orientation.

The disciplinary measures available to the WSP Project Director, Project Manager, Mentors, and the CCC Center Director include the following:

- **Guidance & Orientation** – During the AmeriCorps member orientation, members are told exactly what is expected, why it is expected, and what happens if expectations are not met. When the member first reports to the Placement Site, the mentor will introduce the members to the Placement Site's procedures and rules, as part of the mandatory Placement Site Orientation.
- **Verbal Warning, Informal & Formal** – These are steps to point out to the member exactly what the offense is and the implication of a repeat offense. An informal warning may take the form of a mild reminder; formal verbal warnings are more serious. The mentor, WSP Project Director or Project Manager may give verbal warnings. Notes from this verbal warning may be put in the member's personnel file. In the event of a serious violation of one of the AmeriCorps Member Rules of Behavior, this may be the first/ last step before termination.
- **Written Reprimand** – A written reprimand documents a violation, incident, or series of incidents that will result in termination if continued. The written reprimand must be signed by the member and the mentor, WSP Project Director or Project Manager. The reprimand will address the offense, advice given to the member on how to correct performance, and any additional disciplinary action taken. The reprimand will be placed in the member's personnel file.
- **Termination** – This is the final step. In the event of a serious violation of one of the AmeriCorps Member Rules of Behavior, it may be the first/ last step. The WSP Project Director or designee will complete a Notice of Separation listing the reason for termination and give a copy to the AmeriCorps member at the time of termination. In the event the member refuses to accept his or her termination notice, a copy will be sent to the address listed on their "Emergency Notification Form".

**AmeriCorps Member Discipline System Matrix**

Code	Infraction Description	Number of Incidents					Time Active	Other Factors
		1	2	3	4	5		
1	POSSESSION / USE OF ALCOHOL / ILLEGAL DRUGS OR DRUG PARAPHERNALIA ON STATE OR PLACEMENT SITE PROPERTY/FUNCTION	S/R					L	REFER TO ADP POLICY
2	POSSESSION OF A WEAPON ON STATE OR PLACEMENT SITE PROPERTY/FUNCTION	S/R	R				L	Refer to Placement Site policy
3	THEFT OF PLACEMENT SITE, WSP, OR WSP PARTNER PROPERTY	S/R	R				L	REIMBURSEMENT
4	INVOLVEMENT IN FIGHTING	S/R	R				L	
5	THREATS OF VIOLENCE OR INTIMIDATION	S/R	R				L	
6	SEXUAL / RACIAL / GENERAL HARRASSMENT	S/R	R				L	
7	REFUSAL TO WORK OR REPORT TO PLACEMENT SITE	S/R	R				L	
8	HEALTH AND SAFETY VIOLATIONS	U/S/R	S/R	R			L	
9	KNOWINGLY GIVING FALSE INFORMATION TO STAFF	U/S/R	S/R	R			L	
10	INSUBORDINATION	U/S/R	S/R	R			L	
11	VIOLATION OF SICK POLICY	A	U/R	R			L	
12	DESTRUCTION OR UNAUTHORIZED USE OF PLACEMENT SITE, WSP, WSP PARTNER, OR PERSONAL PROPERTY	A	U/S/R	R			L	REIMBURSEMENT
13	INCOMPLETE OBJECTIVE TRACKING	W	N	U	S/R	R	L	
14	A.W.O.L. FROM SERVICE	U/S/R	S/R	R			L	
15	UNAUTHORIZED BREAK	U/S/R	S/R	R			L	



16	LEAVING SERVICE/TRAINING OR MANDATORY EVENT EARLY	U	S	R			1	
17	IMPROPER CONDUCT IN THE COMMUNITY	U/S/R	S/R	R	R		L	
18	UNSATISFACTORY SERVICE PERFORMANCE	N	U	S	R		1	MONTHLY / QUARTERLY
19	REPETATIVE USE OF FOUL OR ABUSIVE LANGUAGE	N	U	S	R		L	
20	FAILURE TO ADEQUATELY FOLLOW INSTRUCTIONS	N	U	S	R		L	
21	OVERALL ATTENDANCE	N	U	S	R		1	
*22	OUT OF UNIFORM/INAPPROPRIATE DRESS	W	N	U	S	R	1	
24	LATE FOR SERVICE/TRAINING/ MANDATORY FUNCTION	W	N	U	S	R	1	
25	VIOLATION OF TABACCO POLICY	N	U	S	R		1	
26	OVERALL PUNCTUALITY	W	N	U	S	R	L	
27	VIOLATION OF PLACEMENT SITE POLICIES	A	A	U/S/R	R		L	

KEY:

W= Written warning and reprimand

L= Incident active for length of service

1= One Month

N= Needs improvement on Evaluation

R= Removal from Program

U= Unacceptable on Performance Eval and triggers Performance Contract

A= Any corrective action except W

Important: Infractions must be documented and given to member in order to adhere to discipline matrix.

## Grievance and Appeal Policy

WSP follows CCC and AmeriCorps grievance appeal procedures. A grievance is a dispute or complaint of one or more AmeriCorps members involving the interpretation, application or enforcement of the terms of any written or unwritten rule, procedure or policy of the CCC or one of their affiliates.

One of the following procedures shall be followed to resolve any grievance except a termination. The CCC Corpsmember Grievance Form (CCC #2-2) shall be used in conjunction with the following procedure. A copy of all formal grievances and the response to the grievance will be sent to the CCC Fortuna Center Director. The purpose of the grievance procedure is to solve the problem at the lowest possible level.

## **Grievance Procedure**

### Informal Grievance:

An AmeriCorps Member grievance will be discussed with WSP Project Manager and WSP Project Director within seven (7) calendar days of the act resulting in the grievance.

The WSP staff will give their decision or response to the member within seven (7) calendar days of the informal discussion.

### Formal Grievance:

#### Level 1:

If the informal grievance is not resolved to the satisfaction of the member, a formal grievance may be filed with the WSP Project Director no later than seven (7) calendar days after receiving the response from the informal discussion with the WSP Staff. A CCC Corpsmember Grievance Form #2\_2 will be used to file the grievance.

The WSP Project Director will respond in writing to the grievant within ten (10) calendar days of receipt of the formal grievance.

#### Level 2:

If the member is not satisfied with the decision rendered by Level 1, the member may appeal the decision within fifteen (15) calendar days to the CCC Fortuna CCC Center Director.

The CCC Fortuna CCC Center Director will respond in writing to the grievant within twenty (20) calendar days of receipt of the grievance.

#### Level 3:

If the member is not satisfied with the decision rendered by Level 2, the grievant may request an impartial hearing. Unless mediation was attempted, the hearing must be held within 30 days and decided within 60 days of the written grievance.

If the grievant does not agree with the outcome of the hearing, the filing party may submit the grievance to binding arbitration before a qualified arbitrator. If the parties cannot agree upon an arbitrator within 15 calendar days, the CaliforniaVolunteers will appoint an arbitrator from a list of qualified arbitrators.



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An arbitration proceeding must be held no later than 45 calendar days after receiving a request for arbitration.

A decision must be made by the arbitrator no later than 30 calendar days after the date of the arbitration proceeding begins.

NOTE: The cost of the arbitration proceeding must be divided evenly between the parties to the arbitration. If, however, the member prevails in the binding arbitration proceeding, the program must pay the total cost of the proceeding and the prevailing parties' attorney fees. Remedies for grievances include, but are not limited to, reinstatement of a member wrongfully suspended or dismissed along with credit for service hours missed and back living allowance.

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## Resignation / Termination Policy

The termination or resignation of an AmeriCorps member results in an immediate forfeit of that member's benefits, privileges, and rights. All items issued to that member belong to WSP or the placement site and must be returned immediately. The cost of items lost or destroyed by that member will be deducted from his or her last stipend check. If a member willfully takes any items, the member can be charged with theft and arrested. If a member is terminated, she or he is not permitted to visit any CCC Center for any reason without the permission of the Center Director. Any violence can result in criminal charges being filed.

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## Termination Appeal Policy

A terminated WSP member has the right to an initial and immediate review of his or her termination at a higher level of authority, before being asked to leave the program. WSP has established a notification, review and termination appeal procedure. This procedure is distinct from the Reinstatement Program.

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## Termination Notification, Review and Appeal Procedure:

**Notification of Termination** - The WSP Project Director (or his or her designee) shall provide the member with a Notice of Separation (CCC #137), indicating the reason for termination, the effective date, and time of action. Unless the health and welfare of other persons or property is threatened, the member will be given the Notice of Separation before being required to leave a CCC Center or a WSP placement site. If the member must be removed from the CCC Center or WSP placement site for health and safety reasons, the Notice will be mailed to the member's known mailing address.

**Initial Review** - If the AmeriCorps member believes the termination is unwarranted, she or he may immediately request an initial review of the termination and must be allowed a reasonable amount of time to prepare for the review. A CCC Corpsmember Termination Appeal Form (CCC #2-4) will be used.

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The initial review must be conducted by a staff person who has the authority to modify or retract the termination. If an identifiable threat to the health or safety of any person exists, the initial review may be waived. The WSP Project Director (or his or her designee) shall provide written documentation explaining the reason for such a waiver and will attach such waiver to the CCC copy of the Notice of Separation.

**Formal Termination Appeal** - If the member is not satisfied with the decision made after the initial review, she or he shall be allowed to file the CCC Corpsmember Termination Appeal (CCC #2-4) with the WSP Project Director before being required to leave the Center or placement site. If a member waived the right to the initial review or was denied the right, he or she may still appeal the termination by submitting a Corpsmember Termination Appeal within fifteen (15) calendar days of his or her termination to the CCC Center Director. Within twenty (20) calendar days of receipt of the appeal, the CCC Center Director shall respond in writing to the appellant. The decision of the CCC Center Director shall be final and binding.



## State and Federal Policies, Standards and Guidelines

### Alcohol and Drugs

#### 5075 ALCOHOL AND OTHER DRUG ABUSE PREVENTION (ADP) POLICY

Policy Owner:.....Chief Operations Division  
 Origination Date of 1<sup>st</sup> Policy:..... April 1997  
 Date of Last Review:.....September 2005  
 Frequency of Review:.....Bi-yearly  
 Next Scheduled Review Date:.....January 2006 Manager's Forum  
 Authority:.....Governor's Executive Order D-58-86 and  
 CCR, Section 599.960  
 Key Words:.....Alcohol, drugs, narcotics, prevention, drug testing, reasonable suspicion, self-referral  
 Replaces Policy Number:..... Corpsmember Program, Corpsmember Alcohol and Other Drug Abuse Prevention Policy

#### 5075.1 POLICY

The policy of the California Conservation Corps (CCC) is to promote an alcohol and other drug-free work environment. Consistent with this policy is the department's longstanding commitment to maintain the highest standards for employee health and safety. Therefore, the CCC prohibits the possession and/or use of alcohol, illegal or unauthorized drugs, or other illegal mind-altering substances (hereinafter referred to as AODs).

All CCC employees, including trainees in COMET, volunteers, and interns are required to report to, and remain at work, free from impairment caused by the use of AODs while at work. An employee shall not use AODs while on duty and shall not violate the policy as specified in this document.

##### A. Definitions:

1. **Corpsmember:** A trainee who has met the pre-employment hiring conditions and has signed the Standard Corpsmember Hire Agreement. Corpsmembers are not civil service employees, but are contract employees of the CCC. Corpsmembers are not entitled to civil service benefits.
2. **Negative Drug Test Result:** A drug test result that does not show evidence of a prohibited drug in a person's system based upon results from an oral fluid immunoassay test.
3. **Paraphernalia:** Drug related equipment such as syringes, glass pipes, bongs, and roach clips.

4. **Positive Drug Test Result:** A drug test result showing evidence of a prohibited drug in a person's system based upon results from an oral fluid immunoassay test.
5. **Possession:** An employee who is found in possession of AODs. Possession shall include, but not be limited to, on the person and in areas under the person's exclusive control, such as in a locker or in personal belongings.
7. **Self-Referral:** An employee who is not currently exhibiting signs or symptoms of being under the influence of AODs who requests assistance with AOD problems.
8. **Trainee:** An applicant who has signed the Trainee Agreement and has been offered employment with the CCC, subject to pre-employment hiring conditions.
9. **Under the Influence:** When a person has consumed AODs which impair the person's ability to perform his duties or pose a threat to the health or safety of the individual or others.

**B. The CCC prohibits the following:**

1. Reporting to or being at work under the influence of AODs.
2. The use, possession, or transfer of AODs, or trafficking in AODs, in any amount or in any manner, on CCC premises or in CCC vehicles at any time. This includes while performing CCC business or while involved in CCC-sponsored projects and/or recreational activities anywhere, including off CCC property.
3. The use of CCC property or the employee's position with the CCC to make or traffic intoxicants, illegal drugs, or controlled substances.
4. Possession of drug paraphernalia.
5. An employee working under the influence of a legal prescription drug(s) or an over-the-counter drug(s) when that drug(s) impairs the employee's ability to perform his duties without posing a threat to the health or safety of the employee or others.



6. CCC Employee Facility Alcohol Standard: By law and CCC policy, corpsmembers/staff cannot consume alcohol on CCC property. Moreover, employees who are under 21 years of age are not allowed to be on CCC/state property with any amount of alcohol in their system. However, corpsmembers/staff 21 years of age or older have the legal right to consume alcohol off CCC property and during non-work hours. When a corpsmember who is 21 years of age consumes alcohol during non-work hours and off CCC/state property and then returns to a CCC center, he/she shall do so in a responsible manner. Responsible manner means that he/she shall not be disruptive or disorderly. If a corpsmember is disruptive or disorderly when returning to a CCC center after consuming alcohol, he/she shall be subject to disciplinary action up to and including termination.
7. Providing alcohol to a minor is illegal and a direct violation of CCC policy.

Any violation of the above may lead to disciplinary action up to and including dismissal.

**C. Drug Testing for Safety Sensitive Positions:**

Safety sensitive positions are classifications identified by the department and/or federal or state law that are subject to safety sensitive drug testing. This includes corpsmembers, special corpsmembers, and specific civil service positions (Refer to ADP Procedures for the specific classifications).

An employee serving in a safety sensitive position shall be subject to pre-employment and AOD testing based on reasonable suspicion. In addition, a civil service, safety sensitive employee, as classified by federal laws and regulations, shall be subject to random, follow-up, return-to-duty and post-accident drug testing in accordance with the appropriate federal laws and regulations (Refer to Procedures for Civil Service Staff for the specific classification).

**D. Consequences:**

An employee who is determined by the CCC to be in violation of this policy is subject to disciplinary action up to and including termination.

## 5075.2 PROCEDURES MANUAL FOR CORPSMEMBERS

### RESPONSIBILITIES FOR CORPSMEMBER DRUG ABUSE PREVENTION AND ADMINISTRATION OF THE ORAL FLUID IMMUNOASSAY TEST.

Trainees and corpsmembers are classified by the CCC as safety sensitive positions and are therefore subject to pre-employment and AOD drug testing based on reasonable suspicion. Trainees and corpsmembers are classified as safety sensitive because of the inherent risks and dangers to them and other employees while they are performing typical work projects for the CCC. Typical work projects include, but are not limited to, the use of chainsaws, wood chippers, and sharp hand tools. Use of these tools often occurs on projects with uneven and steep terrain and in remote locations. Trainees and corpsmembers are introduced to and trained on how to use these potentially dangerous tools and, therefore, do not have experience or expertise in operating these tools, thus increasing the risk of injury to self or others. In addition, corpsmembers respond to state emergencies, including fire and flood protection. Physical or mental impairment of a corpsmember due to AOD use would substantially increase the risks to the health and safety of the corpsmembers and others. The following rules and procedures shall be followed:

#### A. Definitions:

1. **AOD Pre-employment Drug Test:** Pre-employment AOD drug testing is one of four pre-employment conditions that must be completed prior to employment. The Pre-employment drug test shall be administered on the last day of COMET prior to hire date.
2. **AOD Prevention Activities:** Activities designed to protect and strengthen the corpsmember, include, but are not limited to:
  - a. Education
  - b. Recreation
  - c. Training
  - d. Healthy Environment
  - e. Corpsmember involvement in planning and implementing



prevention programs is highly encouraged to improve commitment to, and participation in, these programs.

3. **CCC Staff:** For the purposes of this policy, CCC staff shall include civil service staff and special corpsmembers.
4. **DAR:** Drug Abuse Recognition System, also called the Field Sobriety Test.
5. **EAP:** Employee Assistance Program
6. **Oral Fluid Immunoassay Drug Test:** Saliva drug test used for pre-employment drug testing and for reasonable suspicion drug or narcotics testing.
7. **Serious Incident:** An incident involving violence, threats of violence, refusal to work, destruction of state property, or cultivating, manufacturing, furnishing and/or selling alcohol or other drugs.
8. **Urinalysis testing:** Laboratory drug testing used for reasonable suspicion alcohol testing and for disputed oral drug tests, within four hours of the oral drug test.

**B. Corpsmember and Staff Responsibilities:**

1. **Chief, Human Resources is responsible for:**
  - a. Providing annual training and technical support to all district and headquarters staff on pre-employment and reasonable suspicion drug testing.
  - b. Distributing oral fluid immunoassay tests to all CCC Centers responsible for administering COMET for pre-employment drug testing, and to all CCC Centers for reasonable suspicion drug testing.
  - c. Providing specifications for oral fluid immunoassay drug test collection.
2. **Center Directors are responsible for:**
  - a. Implementing and enforcing the AOD prevention activities

recommended in A3.

- b. Administering or designating appropriate staff to administer the oral fluid immunoassay drug test according to the procedures set forth in Section H of this Policy.
- c. Ensuring that no later than the second full day of COMET, each corpsmember receives orientation to the CCC ADP Policy and signs a statement that he/she understands and agrees to abide by the policy.
- d. Informing sponsors, contractors and volunteers, who have contact with corpsmembers, about the ADP Policy.
- e. Ensuring that all new CCC staff, including special corpsmembers, are provided Reasonable Suspicion training within one year of their appointment date (Training of clerical staff is optional).

Ensuring that all staff, including special corpsmembers, complete Reasonable Suspicion refresher course every two years from the date of their last training.

- f. Contacting county drug program administrators and other appropriate community agencies to identify resources that may be available to support the CCC's ADP Policy.
- g. Completing a written agreement with local law enforcement agencies regarding the enforcement of the law when AOD violations occur, including handling and disposing of illegal substances.
- h. Providing AOD prevention activities for corpsmembers, including, but not limited to:
  - (1) Recreational activities to deter the abuse of AODs.
  - (2) AOD education, training, and awareness activities, which may include involvement in Red Ribbon Week and/or Friday Night Live presentations to school groups, classes, and speakers at community meetings.
  - (3) Identifying local community resources to which the



corpsmember may be referred, including, but not limited to:

- Employee Assistance Program (EAP)
  - On-Site Counseling
  - Treatment Services
  - Alcoholics Anonymous (AA)
  - Narcotics Anonymous (NA)
  - Adult Children of Alcoholics (ACOA)
  - Al-Anon
  - Local Mental Health Services
- (a) Working in collaboration with local community groups to augment evening and weekend staff to provide additional activities for corpsmembers with the assistance of volunteers and other community resources, including college interns.
- (b) Taking reasonable measures at CCC residential centers and satellites to discourage corpsmember "party spots."
- (c) Ensuring that trainees who test positive for AODs at pre-employment COMET testing are not hired (Refer to the Corpsmember Recruitment and Hiring Policy, page 3).

**3. CCC Staff are responsible for:**

- a. Exemplifying appropriate conduct as role models for corpsmembers with regard to AODs.
- b. Immediately investigating any incidents, facts and/or reports of possible violations of this policy.
- c. Using the DAR, assessing a corpsmember who appears to be under the influence of AODs (only DAR-certified staff).
- d. Immediately referring corpsmembers for oral drug testing based on reasonable suspicion.

- e. Following procedures set forth in Section L for self-referrals by corpsmembers.

**4. Corpsmembers are responsible for:**

- a. Abiding by the directives of the ADP Policy.
- b. Submitting to pre-employment and reasonable suspicion drug testing when required.
- c. Reporting to the appropriate supervisor any corpsmember or staff member he/she believes is violating this policy, with expectation of demonstrating "responsible concern."  
Responsible concern permits the corpsmember to break the chain-of-command to report suspected corpsmember or staff member about AOD use prohibited by CCC policy.

**C. Consequences:**

Failure to submit to a drug test shall result in the separation of the corpsmember, without re-employment opportunities (Refer to Section I, Separation Appeal Process).

**D. Confidentiality of Corpsmember Personnel Records:**

Center Directors shall ensure that all center staff and contracted laboratories are informed of the confidentiality requirements of the Information Practices Act and any and all other confidentiality statutes, regulations, or rules.

Drug test results shall be shared only with CCC personnel who have a need to know for purposes of counseling, administration, or delivery of services.

All information concerning drug testing of a corpsmember shall be maintained in the corpsmember's confidential medical file. Two files shall be maintained for every corpsmember: a confidential personnel file and a separate confidential medical file. The medical file shall include fingerprint, physical exam and drug test results.

The following rules shall govern the release of ADP test results to a corpsmember's family:



1. When the corpsmember is 18 years or older or is an emancipated minor: all information of a medical nature, including AOD testing results, shall be held in strict confidence and shall not be released to any person without the corpsmember's signed release. This includes parents, friends and relatives of the corpsmember.
2. Drug tests of a minor (under the age of 18) shall only be released to a parent or legal guardian.

**E. Pre-employment Drug Testing:**

The **Oral Fluid Immunoassay Drug Test** shall be used for pre-employment drug testing. Only a trainee who tests negative for AODs at pre-employment shall be hired. (Refer to the Corpsmember Recruitment and Hiring Policy.) All corpsmembers shall be drug tested on the last day of COMET prior to hire date. Hiring of all corpsmembers is contingent upon testing negative for AODs.

A trainee who is not hired due to a positive drug test shall be provided with the address and phone number of drug treatment programs in the local area where he/she resides.

**F. Reasonable Suspicion Drug Testing:**

Corpsmembers are considered safety sensitive employees and are subject to drug testing at any time based on reasonable suspicion.

The purpose of ordering an employee to take a drug test based on reasonable suspicion is to establish that the employee is currently under the influence of AODs that impair his ability to perform his employment duties or pose a threat to himself or another person's health and safety.

Reasonable suspicion must be established before a safety sensitive employee may be required to submit to an oral fluid immunoassay drug test. Staff authorized to assess and determine reasonable suspicion and order a safety sensitive employee to take a drug test shall be trained and familiar with the federal and state procedural drug testing requirements as specified in B2e.

**1. Required Documentation and Supervisor's Responsibilities:**

A corpsmember who exhibits patterns of behavior generally associated with the use of AODs, such as absences around weekends or payday, excessive use of sick leave, excessive lateness, unauthorized absences, on-the-job accidents, difficulty in recalling instructions or conversation, poor relationships with co-workers and supervisors, and other variations in productivity, should be documented following the first signs of repetitive behavior.

The supervisor shall meet with the corpsmember to determine if there are other reasons for the exhibited behavior and take appropriate action i.e., EAP referral, informal counseling or personnel action, if applicable. The described behavior alone is not sufficient to require a corpsmember to submit to a drug test. There must be reasonable suspicion that can be documented that the corpsmember is currently under the influence of AODs that impair his ability to perform his employment duties or pose a threat to the corpsmember or another person's health and safety.

2. **Possession, sale, solicitation or transfer of AODs while on duty, on the employer's premises, or operating the employer's vehicles, machinery, or equipment:**

Possession, sale, solicitation or transfer of AODs while on duty, on the employer's premises, or operating the employer's vehicles, machinery, or equipment is a violation of the CCC ADP Policy. However, possession, sale, solicitation or transfer of AODs, without observations of physical symptoms or behavior as noted above, is not factually sufficient to require a drug test based on reasonable suspicion. It is important to distinguish "possession" versus "use" of AODs. For example, "possession" could be an unopened bottle of beer or a bag of marijuana on the corpsmember's person. "Use" would be observing a corpsmember drinking a bottle of beer, smoking marijuana, or exhibiting objective signs of use of AODs. A corpsmember who is in possession of, or involved in the sale, solicitation or transfer of AODs while on duty or representing the CCC, is subject to appropriate disciplinary action for violation of this policy. However, if additional facts cannot be documented that support a reasonable suspicion that a corpsmember is currently using or under the influence of AODs, a drug test may not be ordered.

"Possession" of illegal drugs must be directly linked to a



corpsmember, based on objective and credible facts that can be documented. AODs located in a place accessible to multiple employees cannot be automatically linked to a corpsmember who, even though he/she is suspected of using AODs, has not exhibited symptoms associated with use while performing his job duties. Again, a corpsmember, who is in personal possession of AODs, may be disciplined for violating the policy.

### 3. Reasonable Suspicion Standard:

“Reasonable suspicion” shall be based upon specific and reliable facts of direct observation or reliable information supported by follow-up observation that the authorized person or designee can articulate and document as a good faith, reasonable belief that a corpsmember is currently under the influence of AODs which impair his ability to perform his job duties or pose a threat to the health and safety of the employee or others. Reasonable suspicion may include, but is not limited to:

- a. Exhibiting physical symptoms or manifestations of being under the influence of AODs at work or at a work-sponsored event, whether on state or non-state property; or
- b. Direct observation of the use of AODs while at work or at a work-sponsored event, whether on state on non-state property; or
- c. Exhibiting behavior associated with AOD use, manifested through the employee’s job performance, which has been documented, along with direct observation that the employee is currently impaired and unable to perform his job duties. Observation may include the appearance, behavior, speech, or body odor of the employee (Refer to the CCC 237, page one for specific examples of signs and symptoms of AOD use, Attachment B).
- d. The Department of Personnel Administration rules defining reasonable suspicion are attached as Attachment C.

### 4. Reasonable Suspicion Procedures:

- a. Observation by a Staff Member:

If a corpsmember exhibits behavior specified in Section G2, a staff member certified in the DAR shall observe the corpsmember to determine if there is reasonable suspicion of current AOD influence.

If there is not reasonable suspicion of AOD influence, the corpsmember shall be released to full duty.

If after observation, the staff member determines that there is reasonable suspicion of AOD influence, the staff member shall complete page one of the CCC 237 and proceed to the preliminary examination.

**b. Preliminary Examination:**

A CCC staff member certified in DAR shall complete pages one and two of the CCC 237 Corpsmember Reasonable Suspicion Incident Report.

If the results of the observation and preliminary examination do not support the belief of AOD influence, the corpsmember shall be released to full duty. If the staff member determines that the corpsmember needs further assistance, the corpsmember shall be referred to the On-Site Counselor or the EAP. The CCC 237 shall be completed and filed in the corpsmember's confidential medical file.

If the results of the preliminary examination supports the belief that the corpsmember is currently under the influence of AODs, the staff member shall administer a drug or alcohol test.

**c. Urinalysis:**

**Laboratory Urinalysis testing shall be used if there is a reasonable suspicion that the corpsmember is under the influence of alcohol.** The corpsmember shall be sent as rapidly as practical to the CCC-designated laboratory for a urinalysis. Staff shall:

- Call the local CCC designated AOD collection site to arrange for an immediate AOD test of the corpsmember.
- Keep the corpsmember under observation until taken to



the collection site.

- Not allow the corpsmember to go to his car, locker, etc., without supervision.
- Not allow the corpsmember to smoke, drink, chew gum, eat or take anything by mouth until after the drug test.
- Note any unusual actions.
- Transport the corpsmember to the nearest CCC collection site. If the corpsmember is at a remote site, such as a spike, when testing is required, staff shall arrange transportation for the corpsmember to the closest CCC collection site.
- Not allow the corpsmember to go alone. It may be prudent to have more than one person accompany the corpsmember to the collection site.
- Inform the collection site staff that the corpsmember is to be given a urinalysis for alcohol, under the CCC contract for substance abuse testing.

At the collection site, clinical staff will assume responsibility for the actual sample collection. CCC supervisors shall not be involved in this step. The person escorting the corpsmember shall help complete the National Toxicology Chain-of-Custody form to authorize the sample collection and laboratory testing services. Staff shall remain at the collection site with the corpsmember to ensure the corpsmember's proper behavior and cooperation.

#### **G. Chain-of-Custody for Urine Specimens (Samples):**

Staff shall follow the SAMHSA guidelines for the chain-of-custody of drug specimens. Refer to Attachment A. The National Toxicology Chain-of-Custody form shall be used for all drug specimens (Refer to Attachment A).

#### **H. Administering the Oral Fluid Immunoassay Drug Test:**

The Oral Fluid Immunoassay Drug Test shall be used for pre-

**employment drug testing and reasonable suspicion drug testing.**

The Center Director, or the Center Directors' designee, shall:

- Keep the trainee/corpsmember under observation until the test is administered.
- Not allow the trainee/corpsmember to go to his car, locker, etc., without supervision.
- Not allow the trainee/corpsmember to smoke, drink, chew gum, eat or take anything by mouth until after the drug test.
- Note any unusual actions.
- The collection of the oral specimen shall take place in a private setting after the trainee has signed the Trainee Agreement.
- For trainees, the Center Director, or his or her designee, shall request that the trainee present photo identification. If the trainee's identification cannot be established with a photo id, the Center Director, or his or her designee must not proceed with the collection.
- The Center Director, or his or her designee, shall ask the trainee/corpsmember to remove any unnecessary outer garments such as a coat or jacket that might conceal items or substances that could be used to tamper with or adulterate the donor's oral fluid specimen.
- The Center Director, or his or her designee must confirm with the trainee/corpsmember that he or she has not had anything in his or her mouth for 10 minutes prior to providing the oral fluid specimen. If the trainee/corpsmember has had anything in his or her mouth within the last 10 minutes, the Center Director, or his or her designee shall wait 10 minutes prior to beginning the collection process.
- In the presence of the trainee/corpsmember, the Center



Director, or his or her designee shall open the box and remove the oral fluid drug screen device from the pouch.

- The Center Director, or his or her designee shall verify the five (5) green lines are present in the test window. If the green lines are not present, a new drug screen device with 5 visible green lines shall be used.
- The Center Director, or his or her designee shall mark the drug screen device with the trainee's/corpsmember's name and last four digits of the trainee's social security number.
- The Center Director, or his or her designee shall give the drug screen device to the trainee/corpsmember.
- Under direct observation, the Center Director, or his or her designee shall instruct the trainee/corpsmember to place the spoon end of the device in his/her mouth and collect a spoonful of oral fluid. (When the specimen is collected, make sure the spoon is in a horizontal position.)
- If environment or medical conditions make collection difficult using the above method, the Center Director, or his or her designee shall collect oral fluid into a plastic cup. Using this method, the Center Director, or his or her designee, shall allow the trainee/corpsmember to deposit at least 0.5 ml of oral fluid into the cup for the test. The trainee/corpsmember shall be directed to fill the spoon, by pouring from the cup. (Make sure the spoon is held horizontally with the handle in an upward position.)
- Once the spoon is filled, do not replace the cap until the sample shows up in the view window.
- When the sample shows up in the view window, the Center Director, or his or her designee shall insert the plastic cover and place the device on a protected flat surface, and allow a running time of 10-12 minutes.
- The Center Director, or his or her designee shall place

the drug screen device in a secure location, not viewable by the trainee/corpsmember.

- The Center Director, or his or her designee shall notify the trainee/corpsmember of the results of the oral drug test.
- A trainee/corpsmember who tests positive for drugs as specified in 5050.1, Section 1D1 of the Corpsmember Recruitment and Hiring Policy, shall be notified that he/she can reapply for the CCC program in 60 days from the date of the first test.
- Upon notification of a failed oral drug test, if the trainee disputes the results, the Center Director, or his or her designee, shall immediately schedule the trainee/corpsmember for a urinalysis drug test, to be completed within four hours of the oral drug test.
- If the drug screen device shows that it is an invalid test, note in the Oral Drug Test Program Spreadsheet that you have an invalid test and use another oral drug test device.
- Once the drug test results are known, the Center Director, or his or her designee shall enter the results in the G drive, (Oral Drug Test Program Spreadsheet).
- After the results of the oral drug test have been recorded, the drug testing device shall be disposed of in a plastic lined trash container.

**a. Corpsmember Admits to Being Under the Influence:**

If a corpsmember believed to be under the influence of AODs, during the drug use evaluation outlined in this policy admits to being under the influence of AODs in violation of the ADP policy, he/she shall be separated with no testing required. The staff member shall complete the CCC 237 and file in the corpsmember's confidential medical file (Refer to the Separation Appeal Process, Section I of this policy).



**b. Results of Oral Fluid Immunoassay Drug Test or Urinalysis:**

On receipt of the results of the AOD test, the following process shall be implemented:

**(1) Corpsmember Tests Positive:**

A corpsmember who tests positive for AODs shall be separated. The center shall complete separation procedures for the corpsmember (Refer to the CCC Operations Manual, Corpsmember Personnel, Corpsmember Separation Process, page 36 and to the ADP Separation Appeal Process, Section I).

**(2) Referral:**

A corpsmember who is separated for a positive drug test shall be provided with the address and phone number of drug treatment programs in the local area where he/she resides.

**(3) Corpsmember Tests Negative:**

A corpsmember who tests negative for AODs may return to regular activities; however, if the Center Director, or his or her designee determines that the corpsmember needs further assistance, he shall be referred to the On-Site Counselor or to the EAP.

**I. Refusal to Submit to an Oral Fluid Immunoassay Drug Test or Refusal to Provide Urinalysis Specimen or Corpsmember Provides an Adulterated and/or Diluted Sample:**

1. Trainee: A trainee who refuses, or is unable, to submit to a drug test prior to hire date, or a drug test based on reasonable suspicion, shall not be hired (Refer to the Corpsmember Recruitment and Hiring Policy, Pre-Employment Conditions, Page 2).
2. Corpsmember: A corpsmember who refuses to or is unable to submit to a Drug Test, shall be separated with no right to appeal

(Refer to the ADP Separation Appeal Process, Section I).

### 3. Adulterated Urine Specimen:

Corpsmember: If the urine specimen provided by a corpsmember at an alcohol test based on reasonable suspicion is determined by the CCC-contracted laboratory to have had a foreign substance(s) added as an adulteration, the adulteration shall be considered refusal to submit a specimen, and the corpsmember shall be separated with no right to appeal (Refer to the ADP Separation Appeal Process, Section I).

### 3. Diluted Specimen:

All specimens that are reported by the CCC-contracted laboratory to be dilute positive, shall be considered a positive drug test.

## J. Separation Appeal Process:

### 1. Serious Incident and/or Refusal Submit to an Oral Fluid Immunoassay Drug Test:

If a corpsmember is involved in a serious incident and/or refuses an AOD test, he/she shall be separated immediately. The corpsmember does not have the right to appeal prior to leaving the center, but may appeal through the mail. Center staff shall provide the separated corpsmember with a copy of the Separation/Suspension Appeal form (CCC 2-4).

### 2. No Serious Incident or Refusal to Submit to an Oral Fluid Immunoassay Drug Test:

If a corpsmember tests positive for AODs, but is not involved in a serious incident, he/she shall be separated in accordance with CCC Corpsmember Separation Policy, with the right to appeal the separation prior to leaving the center.

a. Corpsmember completes the Corpsmember Separation/Suspension Appeal Form (CCC 2-4) and submits it to the Center Director or his or her designee.

b. Before the corpsmember leaves the center, and prior to approving or denying the appeal, the Center Director or his or



her designee shall take into consideration any extenuating circumstances and the corpsmember's overall performance record.

**K. Reinstatement Process (Also known as Second Chance Process):**

**1. Who May Apply:**

If a corpsmember is separated and/or his separation appeal is denied, he/she may apply for reinstatement with the CCC provided he/she meets all of the criteria for reinstatement (Refer to the CCC Operations Manual, Corpsmember Personnel, Corpsmember Reinstatement Process, page 13).

**2. Additional Requirements for Reinstatement:**

In addition to the criteria set forth in Section J1 of this policy, to apply for reinstatement, a corpsmember shall:

- a. Wait a minimum of 60 days after his separation to apply for reinstatement.
- b. Be drug tested prior to reinstatement. If the drug test is negative, the corpsmember **may be** reinstated with or without additional employment restrictions, at the discretion of the Center Director.

**L. Possession of Paraphernalia and AOD-Related Material:**

1. The possession of drug paraphernalia is not permitted. A corpsmember found to be in possession of illegal drug paraphernalia shall be separated (Refer to the ADP Separation Appeal Process, Section I).
2. A corpsmember found to be in possession of legal paraphernalia shall be instructed by staff to remove it from CCC property.
3. A corpsmember shall not post any AOD-related materials on CCC property.

**M. Self-Referral:**

When a corpsmember self-refers and is not exhibiting any current signs or symptoms of AOD influence, staff shall provide assistance.

**1. Intervention Plan:**

Staff shall complete an intervention plan for the corpsmember. The intervention plan shall state that to remain in the CCC, the corpsmember must follow all of the requirements as set forth in the intervention plan. Failure to abide by the plan shall be grounds for separation. The intervention plan shall include, but not be limited to, the following:

- a. The Center Director, or his or her designee shall discuss the situation with the corpsmember confidentially and shall refer the corpsmember to one or more of the following services: EAP, the On-Site Counselor, or other appropriate education or counseling.
- b. The Center Director, or his or her designee shall assist the corpsmember in the development of a written plan of intervention based on a counselor's initial assessment. This plan may include referral to further outside professional assessment, counseling, attendance at AA, NA, or other support meetings, and other support services.

ADPP9-27-05



STATE OF CALIFORNIA—THE RESOURCES AGENCY  
California Conservation Corp. Form # CCC 252 (1/15/03)

ARNOLD SCHWARZENEGGER, Governor

# POLICY & PROCEDURES LETTER

<b>Title:</b> Alcohol and Other Drug Abuse Prevention Policy (ADP)		<b>PPL#:</b> 05-0021
<b>Policy Owner:</b> Operations Division (Recruitment)	<b>Issue Date:</b> October 25, 2005	<b>Section #:</b> 5075
<b>Date of Last Review/Revision:</b> September 27, 2005		<b>PPL Review Date:</b> January 2006 @ Manager's Forum

### Director's Directive

As directed by the Director, this Policy and Procedures Letter (PPL) takes effect immediately and replaces Policy & Procedures Letter #05-0012. This amendment clarifies the testing of corpsmembers prior to their hire date.

#### **POLICY STATEMENT:**

The CCC prohibits the possession or use of alcohol, illegal drugs, mind-altering substances or unauthorized drugs. All CCC employees, including trainees in COMET, volunteers, and interns shall report to work free from impairment caused by the use of alcohol, mind- altering substances, or illegal/unauthorized drugs.

Alcohol or drug use is intolerable in an organization mandated to encourage California youth to reach their full potential, instill basic skills, promote civic responsibility, build character and develop self-discipline.

Sent via E-Mail (original signed)

\_\_\_\_\_  
Mel Krebs, Chief Deputy Director



## APPLYING THE RULES

*DPA document  
4/23*

We know that an employee's ability to perform safely and effectively can be impaired by illegal drugs, alcohol, legally prescribed medications, or a combination of these. But how is the supervisor to determine when there is reasonable suspicion that the employee is actually "under the influence"? And what happens then? The following material gives practical direction to supervisors in these areas. It begins with a discussion of reasonable suspicion and then "walks through" the entire drug test process from the supervisor's point of view.

### I. REASONABLE SUSPICION

The Department of Personnel Administration (DPA) rules define reasonable suspicion as:

- a good faith belief,
- based on articulable facts or evidence,

that the employee has violated the substance policy. In addition, there must be a basis to believe that:

- substance testing would reveal evidence of the violation.

This rule is written very broadly. This was necessary, since no rule could give specific guidance on every circumstance in which reasonable suspicion might arise. This leaves a heavy responsibility with supervisors and managers to apply it with proper case-by-case judgment and discretion. By reviewing the key elements of the rule we can see how this should occur.

"Good faith" is the first key element. Without it, any finding of reasonable suspicion is indefensible. Good faith means that determinations of reasonable suspicion are made carefully, honestly, and without improper motives, such as discrimination, reprisal, or personal animosity. Every potential finding of reasonable suspicion must be critically and honestly examined by the supervisors and confirming official involved to make sure that the action is being taken in good faith.

Next, there must be articulable facts or evidence. Reasonable suspicion cannot be based on hunches, intuition, or "gut feelings". Substance testing is very sensitive and has many legal issues surrounding it. Therefore, the supervisor's basis for reasonable suspicion must be specific enough to be clearly documented and readily explained to the employee, his or her representative, higher level management and, when necessary, hearing officers and the courts.

Finally, there is the requirement that reasonable suspicion include the belief that substance testing will reveal evidence of the suspected drug or alcohol abuse. This is because substance testing is intended to detect current impairment, rather than past behavior. Therefore, information about an employee's actions two or three weeks ago would not establish reasonable suspicion under DPA rule unless there was also evidence of more recent use. This is because the acute



effects of the substances covered by the rules are of short duration. For example, one expert cites the following time-frames for cocaine:

- Intense euphoria - 5 to 15 minutes
- Lesser euphoria 3 - 4 hours
- Remains in bloodstream - 3 to 6 hours
- Detectable in urine - up to 48 hours

Time-frames vary with each substance, and there may be variations from the averages. However, the basic point is that drug testing must be focused on the detection of use that may be affecting the employees current performance.

So, how does the supervisor know when and how to act in this very sensitive area?

## II. BEGIN WITH GOOD SUPERVISORY PRACTICES

Proper application of the substance abuse rules begins and ends with good supervision. We are not asking supervisors to abandon their traditional roles to become drug agents or undercover operatives. Instead, we are asking that these rules be enforced through the on-going application of the basic supervisory practices that have always been emphasized. These include establishing and communicating performance objectives, monitoring work performance, encouraging and commending good work, and responding on a timely basis when problems arise. With this as the basic premise, the following sections discuss how the substance abuse rules and reasonable suspicion enter the picture.

### Know your employees

Reasonable suspicion typically involves something about the employee that is abnormal. To distinguish this, the supervisor must first know what is normal for each of their employees. What is their usual appearance, behavior, mannerisms, work performance, etc? By knowing this, the supervisor will be able to put his or her observations of the employee into proper perspective.

### Note unusual events, circumstances, etc.

These can include but are not limited to such things as:

- Accidents
- Unusual demeanor or appearance
- Atypical behavior
- Major performance failure
- Tips. When considered credible, tips may be the basis for initiating closer observation of the employee to determine if other evidence of reasonable suspicion is present. However, if closer observation does not yield

supporting evidence, the tip alone should not be the sole bases for initiating drug testing.

Determine if it is logical to consider substance abuse as a possible cause.

Substance abuse is by no means the only cause for unusual events in the work place. For example, accidents can be caused by inexperience, atypical behavior can be caused by stress and redness in the eyes can be caused by hayfever. Therefore, the supervisor must assess all of the facts and circumstance surrounding each event before determining that substance abuse cannot be reasonably ruled out as a possible cause. Discussing the event with the employee will often be helpful in this regard; however, remember the following:

- Plan the discussion in advance to better keep control of it. Give thought to how you will state any concerns to the employee and, know what you need to obtain from the discussion.
- Remember that the employee has a right to representation in any discussions that could reasonably be perceived as a possible prelude to disciplinary action. Basically, allow the employee to have a representative present if they ask for one and are able to have one present on a timely basis.
- Select a time and place that will allow as much privacy and free discussion as possible.
- Be direct, factual, firm, calm and professional.
- Do not lose your temper, insult or personally attack the employee, engage in pointless debate or discussion of unrelated issues, or apologize for your actions.
- If the employee is violent or threatening, seek the assistance of the State or local police.
- Seek medical help immediately if the employee is unconscious, in convulsions, etc.

### III. ESTABLISHING REASONABLE SUSPICION

If substance abuse cannot be ruled out at this point, the supervisor must proceed to the more specific steps involved in determining whether reasonable suspicion exists. This is a critical point, since it begins the formal application of the substance abuse rules. The initial steps involved with this are discussed in the following paragraphs.

Make a closer observation to detect possible signs of substance impairment

The nature of this observation will depend on the particular qualifications of the supervisor. Many law enforcement supervisors are trained and experienced in field sobriety testing techniques and can use these in making their reasonable suspicion determination. Similarly, doctors and nurses may employ various medical screening techniques (e.g., checking vital signs).



Supervisors, who are not trained and experienced in these techniques will have to rely on observations that do not require special expertise, such as the employee's basic appearance, demeanor, and physical condition. These are summarized in the preceding part of this booklet and appear on the sample documentation form that follows this section.

Involve another supervisor, if possible

If reasonable suspicion still exists at this stage it will often be useful to involve another supervisor in this process before initiating substance testing. A second opinion will help ensure that all factors are considered and put in proper perspective. In addition, having two on-site confirmations will give the State a stronger case in any future appeals or litigation.

Contact the appointing power or his/her designated representative

The DPA rules require that each finding of reasonable suspicion be confirmed by the appointing power or his/her designated representative who has been trained in the substance abuse rules. This is to ensure consistency and proper application of the rules. It also supports the supervisor by providing expert guidance and direction at a very critical time.

To accomplish this review step, the supervisor should contact the representative and review the facts and circumstances in detail with him/her. It is best if this review is on-site so the representative can personally confirm the facts. Where this is not possible, however, the process may occur by telephone.

#### IV. INITIATING THE SUBSTANCE TEST PROCESS

If the process results in a finding of reasonable suspicion the next step is to send the employee to a designated clinic or similar site to give a urine sample. These sites have been selected in advance and have been screened to ensure that their collection and chain of custody procedures comply with the DPA rules. Every State work location with sensitive positions should have a site identified for this purpose. If you don't know what the site is for your location, you should check with those responsible for implementing the substance abuse rules in your department.

This step is very sensitive since the employee may be upset and/or argumentative. In addition, the reasonable suspicion finding increases the State's potential for liability in its following dealings with the employee. As a basic rule, the supervisor's actions should always be based on a concern for all of the following:

- Safety of the employee and others
- Proper enforcement of the State's substance abuse rules
- Employee rights and privacy

Following are specific suggestions on initiating the process:

- Inform employee that decision has been reached (and approved) to send him/her for a substance test. Again, plan your discussion in advance and select an appropriate setting for it.
- Assure employee that sample collection will occur at a clinical setting and will be done by professional staff. Inform the employee of how he/she will be transported to the site.
- If the employee refuses to cooperate, inform employee that he/she could become subject to adverse action as a result of that. Do not attempt or threaten to use physical force to make the employee cooperate.
- If the employee maintains that he/she is innocent, inform the employee that reasonable suspicion nevertheless exists and that, under DPA rules, the substance test will now be the means of determining that.
- If the employee asks, volunteers or demands to leave, tell them that this would be inappropriate, since they are being ordered to go to a collection site to give a sample. As discussed above, if they elect to leave, they would be subject to disciplinary action. In addition, inform the employee that if they leave driving a motor vehicle, you will be required to inform the police that they have done so and that you have reasonable suspicion that they are under the influence.
- Until the employee is taken to the sample collection site, keep him/her under observation. Do not allow the employee to go to his/her desk, car, locker, etc. without supervision. Note any unusual actions by the employee.

#### V. TRANSPORTATION TO THE SAMPLE COLLECTION SITE

- Contact the test site, arrange an immediate appointment, and obtain directions to the site.
- Take the employee to the sample collection site yourself, or arrange to have another supervisor do it. Do not allow the employee to go alone.
- If there is any concern about the employee's behavior, have more than one person accompany him/her to the site.
- Upon arrival, inform the sample collection site staff that the employee has been brought for urine sample collection under the State of California contract. At this point, the clinical personnel at the site will assume responsibility for the actual sample collection. The supervisor is not involved in this.

#### VI AFTER THE SAMPLE COLLECTION

- Since the test referral was predicated on reasonable suspicion that the employee was "under the influence", the employee would normally be sent home (on ATO) after the sample collection.
- Arrange to have someone take the employee home (family, friend, yourself, etc.), and inform the employee of this arrangement.



If the employee insists on driving himself/herself, and they still appear to be under the influence, notify the local police or CHP. If possible, tell the employee that you will do this. Also, document the fact that they were offered a ride but refused.

- If you have any doubts about the employee's ability to care for him/herself, do not leave the employee at home alone.

#### VII. UNTIL THE TEST RESULTS COME IN

After the sample has been collected, a courier service will pick it up and take it to the laboratory. When it arrives there (usually the next day) a screening test will be run on it. If this test is positive, a more sophisticated confirmation test will be run. The sample will be considered positive only if both the screening and confirmatory tests are positive.

When the laboratory testing is completed (usually 24-48 hours following the sample's arrival at the lab) the results will be communicated to the department's designated medical review officer. Depending on the department, this may be a State physician or one under contract. The medical review officer will review the results, interview the employee (as needed) and then inform the department of the test results.

These steps will usually require a total of four to six days. Therefore, there is the issue of what to do with the employee during this time. Following are some basic guidelines on this:

- The employee should not return to work in any capacity while still "under the influence".
- The employee should usually not return to "sensitive" duties until the test results are known and follow-up actions are determined. The employee should never return to sensitive work while there is any doubt about their ability or willingness to remain sober while performing them.
- Time that the employee is ordered off the job under these procedures shall be paid administrative leave unless disciplinary action is taken within 15 days. If this occurs the time off can be unpaid as part of the action.
- Employees who are placed on limited duty pending test results shall retain full pay, benefits and status through this period.

#### VIII. WHEN THE RESULTS ARE KNOWN

As in the past, there will be a case-by-case determination concerning what action to take in response to the employee's substance abuse infraction. This decision process will typically involve at least the supervisor, departmental management, and the personnel office. Options include one or a combination of EAP/rehabilitation, adverse action, and medical review/action. The actions will be selected based on consideration of the employee's past work record, the nature of the incident that led to the employee being sent for a substance test, the employee's potential to once again perform effectively in his/her sensitive position, etc.

### Employee Assistance Program

When the employee will be remaining in or returning to the State work force, the State's Employee Assistance Program (EAP) will be an important resource for helping the employee deal with his/her substance abuse problem. Through EAP, the employee can receive an assessment, short term counseling and referral to an appropriate source of further help. Each department has an EAP coordinator who can provide further information on this program and available supervisory training in this area.

### Adverse Action

Decisions to initiate adverse action should always involve departmental management, the personnel office and, as needed, the department's legal staff. Actions should never be based on the laboratory test results alone. They should focus on the entire picture, including the employee's work performance, his/her behavior in the work place, and the specific facts and evidence supporting the reasonable suspicion finding, as well as the test results.

In some cases, it may be appropriate to have a contract for continued employment with the employee. This is when it is appropriate to keep the employee in the workforce only if certain conditions such as successful completion of rehabilitation and follow-up substance testing, are met. In many cases, such a contract will be part of, or in lieu of, a disciplinary action. An example is shown on the next page.

## IX. CONCLUSION

This concludes our discussions of the State's substance testing rules and procedures. It must be emphasized that the substance test results are not ends in the themselves. Instead, they merely provide further confirmation of the employee's drug or alcohol problems which then must be dealt with through the employee assistance program, medical review, discipline, and/or other appropriate supervisory practices. Additional guidance on these is available through the on-going EAP and Supervisory training courses offered by the State Training Center and various State agencies.



## DOCUMENT THE FINDING OF REASONABLE SUSPICION

The DPA rules require that reasonable suspicion be documented in writing and that a copy of this be given to the employee. This should normally occur within a day or two (some MOU's specify time requirements, e.g., 72 hours). This gives the supervisor a reasonable time to reflect on the incident and prepare a thorough report. Supervisors are not obligated to provide immediate, on-the-spot written documentation. However, they should prepare this documentation at the first reasonable opportunity to do so. Therefore, as soon as possible, the supervisor should prepare a written report covering:

- The incident or circumstances that initiated the reasonable suspicion.
- The fact that after considering other possible causes, if any, substance abuse could not be ruled out.
- Supporting evidence resulting from closer observation of the employee's appearance, demeanor, etc. Also include the results of any field sobriety tests or medical screenings.
- Names of other supervisors, employees, witnesses, etc, who can confirm the findings. Written statements should also be obtained from these individuals, when possible.

Since these reports may become part of the record in appeal proceedings or litigation, they should be as complete and accurate as possible concerning the circumstances, events, times, people, places, etc. A sample format for such a report appears on the following pages.

## Appropriate Use of Resources

STATE OF CALIFORNIA - THE RESOURCES AGENCY

ARNOLD SCHWARZENEGGER, Governor

CALIFORNIA CONSERVATION CORPS

Northern Service District  
1500 Alamar Way, Fortuna, CA 95540  
707-725-5106, FAX 707-725-1748



### MEMORANDUM

TO: Fortuna Staff and Special Corpsmembers

FROM: Michelle Rankin  
Acting Center Director

DATE: July 14, 2006

SUBJECT: Appropriate Use of State Resources      SENT VIA E-MAIL

There have been some questions recently about whether State resources may or may not be used for personal use. The answer is that they may not. Government Code Section 19572 (p) defines this, in part, by the following:

*Misuse of State Property*

- (6) *Using for private gain or advantage the time, facilities, equipment, or supplies of the State.*

This includes such items as State vehicles, computer equipment, Internet access, State-issued cellular telephones, petty cash, food, kitchen supplies, meal ticket money, postage, tools, etc. The basic rule of thumb is, "If it belongs to the State it may only be used to benefit the State".

I am confident that each of us has the best interests of our employer, the State of California, in mind during the course of each business day. Please use your good judgment in making use of the many resources that we have at our disposal. If you are ever in doubt as to whether use of a certain item is appropriate, contact your supervisor.

I have read and understand this memo:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

The California Conservation Corps is a workforce development program that offers young men and women the chance to serve their state and become employable citizens through life skills training and hard work in environmental conservation, fire protection, and emergency services.



## Discrimination

STATE OF CALIFORNIA—THE RESOURCES AGENCY  
California Conservation Corp Form #252

GRAY DAVID, Governor

<b>POLICY &amp; PROCEDURES LETTER</b>		
Title: Discrimination and Harassment Policy		PPL#: 04-0003
Policy Owner: Human Resources Division/EEO Unit	Issue Date: August 20, 2003	Section #:
Date of Last Review/Revision: October 2000	PPL Review Date: December 31, 2003	

### Director's Directive

As directed by the Director, this Policy and Procedure Letter (PPL) takes effect immediately. A final version of the EEO Discrimination and Harassment Policy along with a final version of the Procedures associated with the role of the EEO Unit, filing a discrimination complaint, and the investigative process will be released later this calendar year.

#### 1 POLICY STATEMENTS

A. The California Conservation Corps (CCC) is committed to providing equal employment opportunities (EEO) which are free from discrimination, harassment, and retaliation during recruitment, hiring and retention of all applicants and employees including civil service employees, corpsmembers, and special corpsmembers. Consistent with this commitment, it is the policy of the CCC to provide a work environment free from discrimination, harassment, and/or retaliation, and that all individuals are treated with respect and professionalism. Under this policy, CCC employees are prohibited from:

1. Discriminating against a person (i.e., treating a person differently from other people), pursuant to an act, policy, or decision to hire, train, promote, or provide equitable employment conditions on the basis of a protected characteristic. Protected characteristics include the following:
  - a. age (40 and over).
  - b. ancestry.
  - c. color.
  - d. creed.
  - e. disability (mental and physical) including HIV and AIDS.
  - f. marital status.
  - g. medical condition (cancer and genetic characteristics).
  - h. national origin.
  - i. political affiliation.
  - j. pregnancy or childbirth or a related medical condition.
  - k. race.
  - l. religion.
  - m. sex (i.e., gender).
  - n. sexual orientation.
  - o. veteran status.
  - p. or any other basis protected by State or federal law or local ordinance.

This prohibition includes behavior based upon the perception that the person may have any of these protected characteristics;

2. Engaging in disrespectful, inappropriate, unprofessional or harassing conduct, including sexual harassment, which may create or contribute to a hostile work environment, which is directed to or negatively affects a person on the basis of a protected characteristic, even if such conduct does not rise to the level of violation of State and/or federal law; and
3. Engaging in any act of retaliation, reprisal or harassment against a person who has opposed any practices prohibited in this policy, or because the person has filed a complaint, testified or assisted in any discrimination investigation or proceeding.

The CCC will strictly enforce this policy because all forms of harassment, discrimination and retaliation are unprofessional and disrespectful, and not acceptable in any work environment.

To the extent that non-CCC employees including, but not limited to, volunteers, interns, applicants for employment, contractors and third parties, engage in the prohibited behavior, the CCC will apply the principles of this policy. In addition, the CCC will take necessary action, if possible, to implement consequences for violations of this policy by non-CCC employees.

- B. Conduct That Violates The Equal Employment Opportunity And Harassment Policy** - Violation of this policy may occur when an employee engages in conduct that discriminates, harasses or retaliates against another person based on a protected characteristic, even if the conduct is limited to one act and does not rise to the level of conduct in violation of State or federal law.

This policy applies when the employee is at work or considered to be at a workplace of any CCC employee, as well as any location that can reasonably be regarded as an extension of the workplace, such as an off-site work project, CCC sponsored social or business function, or any other non-CCC facility where CCC business is being conducted. Further, this policy applies to all work-related conduct, including conduct while off-duty, if such conduct negatively affects the work environment or the CCC.

Prohibited conduct that may violate this policy includes, but is not limited to, the following:

1. Verbal conduct such as using derogatory terms or telling discriminatory jokes;
2. Visual conduct such as displaying objects, cartoons, pictures or posters of a derogatory or discriminatory nature;
3. Posting, sending or downloading derogatory or demeaning materials in any form via electronic mail or the Internet;
4. Denial of reasonable accommodation for authorized religious purposes or to a qualified individual with a disability;



5. Differential treatment or harassment of an individual based on a protected characteristic;
6. Terminating an employee on the basis of a protected characteristic including, but not limited to, pregnancy.
7. Conduct set forth in the CCC Sexual Harassment PPL Number 04-0002.
8. Following or stalking a co-worker, making unwelcome telephone calls to a co-worker or sending unwelcome correspondence to a co-worker by any means, including, but not limited to, the use of public or private mail, inter-office mail, facsimile, or computer e-mail; and
9. Engaging in retaliation against or harassment of an employee because he/she has made a charge, testified, assisted or participated in an investigation, proceeding or hearing relating to conduct reasonably believed to violate this policy, or has otherwise opposed conduct prohibited by this policy.

**C. Responsibilities of Employees** - All CCC employees including corpsmembers are required to:

1. Adhere to this policy;
2. Refrain from engaging in, condoning or tolerating conduct that violates this policy;
3. Cooperate in an investigation, hearing or a proceeding regarding an alleged violation of this policy;
4. Attend discrimination and harassment prevention training as mandated by the Director, or his/her designee, review this policy, and request assistance from his/her supervisor or the EEO Unit if the employee does not understand any of the provisions in this policy.
5. Maintain confidentiality and not discuss any information involving an alleged violation of this policy except with a personal representative, individuals who are authorized to inquire about or investigate the allegations, or individuals on a "need-to-know" basis.

Employees should report known or observed incidents or behavior that may be in violation of this policy to his/her supervisor, if possible, or to another supervisor or manager including, but not limited to, a Supervisor of Corpsmember Development Program, Conservation Supervisor or Center Director, or through the use of an Incident Report Form or to the CCC EEO Unit.

**D. Consequences for Employees** - An employee may be subject to appropriate corrective or disciplinary action, up to and including termination, for his/her conduct that has been determined by the CCC to violate this policy, whether or not the conduct is in violation of State or federal law. In addition, an employee, determined by a court of law to have violated State or federal law, may be held personally liable for his/her conduct. In appropriate cases, an employee found to have violated this policy may not receive legal representation at the expense of the CCC, if named as an individual defendant in a lawsuit. An employee will not be disciplined nor retaliated against for reporting information, participating in an investigation or administrative proceeding, or filing a complaint in good faith.

- E. Responsibilities of Managers and Supervisors** - Supervisors and managers are responsible for maintaining professional standards that promote a work environment free from discrimination, harassment, retaliation, and unprofessional or disrespectful conduct. For purposes of this policy, “managers and supervisors” includes the Conservationist I classification as well as employees in civil service classifications designated as supervisory or managerial.

Supervisors and Managers shall:

1. Know, adhere to and enforce this policy;
2. Exhibit professional conduct on a daily basis, consistent with the intent of this policy, to provide a work environment free from discrimination, harassment and retaliation;
3. Take proactive measures to prevent conduct in violation of this policy;
4. Be considered on “NOTICE” of conduct that may violate this policy by personal observation or verbal or written notification from an individual;
5. Take prompt and appropriate action, if possible, to stop conduct that may violate this policy regardless of how, when or where the information is presented to the supervisor;
6. Take prompt and appropriate action to ensure that an individual who has reported an incident or behavior that may be in violation of this policy or has participated as a witness in an investigation or administrative proceeding is not subject to any retaliation;
7. Report known or observed incidents or behavior that may be in violation of this policy to his/her supervisor, if possible, or to another civil service supervisor or manager, or through the use of an Incident Report Form or to the CCC EEO Unit.
8. Ensure that employees under their supervision have attended mandated training, received a copy of this policy and understand the contents of this policy; and
9. Review the contents of this policy with their employees as directed by the Director or his/her designee.

- F. Consequences for Supervisors and Managers** - A supervisor or manager may be subject to appropriate corrective or disciplinary action, up to and including termination, for his/her conduct that has been determined by the CCC to violate this policy, whether or not the alleged conduct is in violation of State or federal law. In addition, a supervisor or manager determined by a court of law to have violated State or federal law may be held personally liable for his/her conduct. In appropriate cases, a supervisor or manager found to have violated this policy may not receive legal representation at the expense of the CCC if named as an individual defendant in a lawsuit.

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H. Wes Pratt  
Director



## Family and Medical leave Act



FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons. Employees are eligible if they have worked for a covered employer for at least one year and for, 1250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles

### Reasons for Taking Leave

Unpaid leave must be granted for *any* of the following reasons:

- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

At the employee's or employer's option, certain kinds of *paid* leave may be substituted for unpaid leave.

### Advance Notice and Medical Certification:

The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

- The employee ordinarily must provide 30 days advance notice when the leave is "foreseeable."
- An employer may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer's expense) and a fitness for duty report to return to work.

### Job Benefits and Protection:

- For the duration of FMLA leave, the employer must maintain the employee's health coverage under any "group health plan."

- Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

### Unlawful Acts by Employers:

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA.
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

### Enforcement:

- The US Department of Labor is authorized to investigate and resolve complaints of violations.
- An eligible employee may bring a civil action against an employer for violations.

FMLA does not affect any federal or state law prohibiting discrimination, or supersede any state or local law or collective bargaining agreement which provides greater family or medical leave rights.

### For Additional Information:

Contact the nearest office of the Wage and Hour Division, listed in most telephone directories under U.S. Government, Department of Labor.

CCC283 (New 4/00)  
CCC Retyped From  
WH Publication 1420  
January 1999



STATE OF CALIFORNIA - THE RESOURCES AGENCY

ARNOLD SCHWARZENEGGER, Governor

**CALIFORNIA CONSERVATION CORPS**

**Administrative Services Division**

1719 24<sup>th</sup> Street, Sacramento, CA 95816  
(916) 341-3188 FAX (916) 324-3454  
www.ccc.ca.gov



TO: \_\_\_\_\_

DATE: November 3, 2009

FROM: Janet Cox, Associate Personnel Analyst

RESPONSE DUE: 11/20/09

**Provisional Designation of Family/Medical Leave**

The Family and Medical Leave Act (FMLA) and California Family Rights Act (CFRA) require employers to provide up to 12 weeks of unpaid job-protected leave to eligible employees for certain family and medical reasons; however, you may elect to use available leave credits during the FMLA/CFRA leave. (Note: FMLA/CFRA leave runs concurrently with paid leave. It does not extend or become effective at the conclusion of paid leave credits.)

For the duration of approved FMLA/CFRA leave, the employer must maintain the employee's health coverage (health, dental, vision), and restore employees to their original or equivalent positions with equivalent pay, benefits and other employment terms and conditions. The use of FMLA leave cannot result in the loss of any employment benefit that accrued before the start of the leave.

Your absence beginning November 2, 2009, may qualify you for job-protected leave under the FMLA/CFRA. **However, a final determination cannot be made until you submit the enclosed Application for Family or Medical Leave and Certification of Health Care Provider forms.**

You must complete and return the application to me at the above address as soon as possible. Please review the definitions of a serious health condition on page 3 of the Certification of Health Care Provider:

- < If, in your opinion, the health condition requiring the absence does not meet the criteria as described, check the box in item 5 of the application, sign and date the form and return it to me.
- < If, in your opinion, the reason for absence meets one or more of the definitions, complete items 1 through 13 of the application and return it to me as soon as possible.

If, in your opinion, the reason for absence meets one or more of the definitions, the Certification of Health Care Provider form must be completed by your/your family member's health care provider and submitted to this office within 15 days. If the certification is not returned within 15 days, your absences may not be counted and you may not be protected under FMLA or CFRA.

Once the Application and Certification of Health Care Provider forms are returned, you will be notified of receipt and a final designation of FMLA/CFRA.

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*The young women and men of the Corps work hard protecting and restoring California's environment and responding to disasters, becoming stronger workers, citizens and individuals through their service.*



If you are eligible for and receive Non-Industrial Disability Insurance (NDI) leave benefits, NDI leave will run concurrently with and be counted against your annual FMLA/CFRA leave entitlement.

If you elect to continue health insurance coverage and if you normally pay a portion of the premium for that insurance, these payments must continue to be made during the period of FMLA/CFRA leave. If you are using accrued leave, the premium will continue to be made through payroll deduction. However, if accrued leave is not available, or insufficient leave is available to cover your share of the premium cost, your portion of the premium will be paid by and collected by the CCC from you upon your return to work.

If it is later determined that the reason for your absence does not qualify as FMLA/CFRA leave, and if health insurance premiums have been paid by the CCC on your behalf, you will be required to reimburse the CCC for both the State's and your share of insurance premiums.

If you do not return to work following FMLA/CFRA leave for a reason other than (1) the continuation, recurrence, or onset of a serious health condition which would otherwise entitle you to FMLA/CFRA leave; or (2) other circumstances beyond your control, you may be required to reimburse the CCC for any health insurance premiums paid on your behalf during your FMLA/CFRA leave.

If the reason for the FMLA/CFRA leave is your own serious health condition, you will be required to present a fitness-for-duty certification prior to returning to work unless your leave is intermittent due to episodic situations (e.g., asthma attacks, morning sickness, etc). If such certification is required but not received, your return to work may be delayed until the certification is provided.

While on leave, you will be required to furnish us with periodic re-certification (status reports) from your or your family member's health care provider no more often than every 30 days, or when the period of incapacity previously certified exceeds 30 days.

If the circumstances of your leave change and you are able to return to work earlier than the date previously indicated, you will be required to notify us at least two work days prior to the date you intend to report to work and must present a fitness-for-duty certification prior to returning to work if the reason for FMLA/CFRA leave was your own serious health condition.

Please return the Application for Family or Medical Leave to me as soon as possible. Have your health care provider return the Certification of Health Care Provider form to me by 11/20/09.

Please do not hesitate to contact me at (916) 341-3194 with any questions you may have regarding the information provided herein.

Enclosures

cc: Supervisor  
Return to Work Coordinator  
Personnel Specialist

**Leave of absence termination options are:**

1. Expiration of the term of the Leave of Absence.
2. Termination prior to the expiration date by the appointing power with the approval of the Director of DPA, or by the Director of DPA, with the approval of the appointing power, and notification to the employee at least 15 days prior to the effective date of the revocation. (Most MOU agreements require 30 working days notice to represented employees.)
3. Termination prior to the expiration date by the employee **with the approval of the appointing power**. Any changes in the leave, once approved, are permissive and subject to approval by the department.

Upon termination of the leave of absence, the employee has a mandatory right of return to his or her former position.

**Family and Medical Leave Act (FMLA) and/or California Family Rights Act (CFRA)**

The department shall grant a leave of absence for up to a maximum of twelve work weeks in a twelve month calendar year to eligible employees who qualify under the FMLA/CFRA under the following circumstances;

1. Pregnancy Disability Leave (PDL) for any period of actual disability caused by your pregnancy, childbirth or related medical conditions.
2. Birth and care of your child.
3. Placement with you of a child for adoption or foster care.
4. Your own serious health condition.
5. Serious health condition of your child, parent or spouse.

**Eligibility:**

1. Employees must have been employed by the State of California for at least twelve months (need not be consecutive); **AND**



2. Physically worked at least 1,250 hours during the twelve month period immediately preceding the start of the leave.

**Process for requesting an FMLA/CFRA leave of absence for all employees (excluded and rank and file):**

1. When the need for FMLA/CFRA/PDL leave is foreseeable, the employee should provide 30 days advance notice by completing and submitting an Application for Family or Medical Leave Form (CCC 284).
2. An employee taking FMLA/CFRA/PDL leave for his/her own serious health condition, or for the serious health condition of an eligible family member, must also submit a completed Certification of Health Care Provider Form (CCC 285) within 15 calendar days of the effective date of the leave.
3. Upon notification of the need for FMLA/CFRA/PDL leave, the supervisor must determine if the reason for the leave meets the required criteria. The supervisor must notify the employee that the leave, pending medical certification, may be designated and counted against FMLA/CFRA/PDL entitlements.
4. Upon receipt of the Certification by Health Care Provider Form, and confirmation that the reason for the leave is appropriate, the supervisor must notify the employee that the leave has been approved and designated as FMLA leave.

**Return to Work:**

1. Upon termination of FMLA/CFRA/PDL leave, the employee will be returned to the same position he/she held when the leave commenced, or to an equivalent position with equivalent benefits, pay and other terms and conditions of employment.
2. An employee will be required to present a fitness-for-duty certification prior to returning to work if the reason for the FMLA/CFRA/PDL leave is his/her own serious health condition.

3. If the circumstances of an employee's FMLA/CFRA/PDL leave change, and the employee is able to return to work earlier than originally designated, he/she should notify his/her immediate supervisor at least 2 working days prior to the date intended to report to work.

**See the FMLA/CFRA/PDL Guide (Management Letter 00-002) for additional or more specific information regarding process and procedures for requesting leave.**

**Military Leave**

**See the Handbook for California State Civil Service Employees Entering the Military Service for more specific information regarding salary, vacation, sick leave, seniority, health benefits, retirement, etc.**  
**Short-Term Military Leave**

1. To qualify for Short Term Military Leave, employees must:
  - a. Have permanent, probationary, limited-term or temporary employment status;
  - b. Be ordered to report for active duty in the armed forces, National Guard or Naval Militia for a period of six months or less; and;
  - c. Meet the following "qualifying service" requirements:
    - Have not had a break in the continuity of state service; AND
    - Have had 12 qualifying pay periods of state service immediately prior to the effective date of active duty; OR
    - Have a combination of state service and military service, regardless of when it was served, which equals one year.

**1. Right of Return**

- a. If an employee had permanent or probationary employment status, he/she has a mandatory right-of-return to his/her former position, provided he/she meets the following criteria:



## Fraternization

CALIFORNIA CONSERVATION CORPS  
OPERATIONS MANUAL

PERSONNEL  
EMPLOYEE CONDUCT AND PERFORMANCE

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### STAFF RELATIONSHIPS WITH CORPSMEMBERS (FRATERNIZATION)

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**Fraternization  
Policy Intent  
and Definition:**

For the purposes of this policy, the California Conservation Corps (CCC) defines fraternization as a personal relationship or behavior between a staff member and a corpsmember (both defined below) that crosses the boundary of a professional relationship.

Fraternization is one form of unprofessional relationship or behavior which undermines the mission of the CCC because unprofessional relationships or behavior detract from the authority of staff, creates the appearance of favoritism and misuse of office or position, and compromises discipline and morale.

The intent and purpose of the policy is to prevent coercive, manipulative, exploitative and other unprofessional incidents from occurring between staff and corpsmembers. Its purpose is to prohibit unprofessional relationships which:

1. Compromise the chain of command,
2. Cause partiality or unfairness,
3. Are exploitative or coercive in nature,
4. Negatively impact discipline, authority, morale or mission accomplishment.

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**Definitions**

For the purposes of this policy, staff and corpsmembers are defined as :

- Staff:** Civil Service Personnel  
Exempt Staff appointed by the Director or Governor  
Special Corpsmembers  
VISTA Volunteers  
Volunteers
- Corpsmember:** All corpsmember classifications including, but not limited to the following:  
  
Corpsmember, California Conservation Corps  
Cook, Specialist  
Intern Specialist I/II  
Recruitment Specialist  
Resource Protection Trainee  
State Park Intern  
AmeriCorps Member  
Team Member

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Team Leader  
Crewleader  
Crewleader II  
Specialist

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**Responsibilities** It is the responsibility of both staff and corpsmembers to maintain a professional and courteous working relationships with each other.

Staff and corpsmembers who are in doubt about their activities, or how their activities are perceived as they relate to this policy, should seek clarification from CCC Civil Service Staff in their chain of command.

All staff will be held accountable for ensuring appropriate relationships with corpsmembers. It is incumbent upon staff to maintain a professional relationship and protect corpsmembers from exploitation, regardless of the corpsmembers' age or status.

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**Responsibilities** All staff, as defined above, are to conduct themselves in a professional manner with corpsmembers, as defined above, at all times. The department recognizes there are occasions when a corpsmember needs immediate counseling and this policy is not intended to restrict that particular instance. However, in instances when immediate counseling occurs outside the usual course of business away from the worksite or the CCC facility, documentation of the incident should be completed within one (1) working day.

Staff who were previously corpsmembers may not maintain a personal relationship with a corpsmember within the same service district, or at the same geographic location, or within the same functional unit, or within the same chain of command, without the written permission of the District Director and the Chief Deputy Director. In cases of denial the corpsmember will be required to transfer to another service district, geographical location, functional unit, or chain of command.

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**Unacceptable Behavior** The CCC Fraternalization Policy prohibits the following between Staff and Corpsmembers:

1. Using personal influence or power to hinder a corpsmember in the employment setting because of an unprofessional relationship.
2. Borrowing or loaning money, material, or items of value in which the borrowing or loaning occurs as a direct result of the reporting relationship and results from perceived or actually coercion on the part of the staff member or corpsmember.
3. Requesting, requiring, or utilizing corpsmember(s)' time (on or off duty)

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for personal reasons or gain with or without compensation to the corpsmember in which the requesting, requiring or utilization would not have occurred absent the reporting relationship and occurs as a result of perceived or actually coercion on the part of the staff member or corpsmember.

4. Engaging in any type of relationship outside the course of regular business which would not otherwise have occurred absent the reporting relationship and occurs as a result of perceived or actual coercion on the part of the staff member or corpsmember.
  - Inviting, requesting or requiring a corpsmember to come to a staff member's home.
  - Inviting, requesting or requiring a corpsmember to come to other locations which are not work related.
  - Selling items of value to corpsmembers.
  - Storing corpsmembers' personal property at staff members' homes.
5. Engaging in sexual conduct and/or activity with corpsmembers or any other activity that may involve touching a corpsmember in an unprofessional and/or inappropriate manner.
6. Providing alcohol to corpsmembers who are minors.
7. Consuming alcohol with corpsmembers who are minors.
8. Fraternalization between staff and corpsmember which results in any of the following is prohibited.
  - a. Creation of an unsafe or hostile work environment;
  - b. Creation of the appearance of favoritism, real or perceived;
  - c. Causing discredit or embarrassment to the department.

**Mentoring**

Mentoring relationships officially established and monitored by the CCC or other bona fide mentoring organizations or programs are not in violation of this policy.

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**Exemptions** Under certain conditions, corpsmembers may be considered staff, for the purposes of this policy only. District Directors will utilize the following criteria when requesting an exemption for corpsmembers:

1. The corpsmember's primary duties must consist of providing scientific or technical support to CCC staff or corpsmembers. Typical scientific or technical support could include, but not be restricted to, providing technical assistance to restoration projects, providing K-12 classroom presentations, coordinating community outreach activities, or other types of activities requiring significant scientific or technical educational achievement on the part of the corpsmember and;
2. The corpsmembers primary duties, of a scientific or technical nature, are utilized in order to meet contractual obligations with sponsors. For example, service activities stated in #1 and #2 might be required in order to meet objectives in an Americorps grant between the California Conservation Corps and the California Commission for Improving Life Through Service.

Special Program Directors whose corpsmembers, meet the criteria listed in 1-2 above, may request an exception to the Fraternalization policy. The Special Program Director/Coordinator/Supervisor must prepare a written request for exemption and submit it to the appropriate CCC service district director. This request will include the following:

1. Copy of the sponsor contract.
2. Program specifics such as program title, date(s) of operation, number of members, sponsors, etc.
3. A description of the program criteria and activities that create a peer-to-peer working relationship between participants and CCC staff, including situations which require that participants work independently.
4. A list of participant names and work locations.

The District Director will review the Request for Exemption from the Fraternalization Policy, recommend approval or denial of the request, and forward a copy of the request to the Chief Deputy Director within 21 calendar days. The Chief Deputy Director will approve or deny the request.

Disciplinary action, up to and including dismissal, will be taken against any staff member, or corpsmember, within the CCC's authority, who violates this policy.

**Disciplinary  
Action**



## Nepotism

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### NEPOTISM GUIDELINES

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**Policy**

This directive establishes hiring restrictions in those situations where a personal relationship between employees is likely to adversely affect an employee's ability and fitness to accomplish his/her specific job duties. It is applicable to all CCC employees.

Employment practices in the CCC are based upon fair and consistent hiring standards and the principle of merit. It is, therefore, the policy of the CCC to avoid or correct work situations under which employees who have a personal relationship work.

**NOTE:** Please refer to the policy on Staff Relationships with Corpsmembers (Fraternization Policy) for information regarding conduct between staff and corpsmembers.

**Definitions**

1. Nepotism is generally defined as the practice of an employee using his/her influence to promote favoritism toward a relative, spouse or significant other.
2. Personal relationships include, but are not limited to, associations with individuals by blood, adoption, marriage, and/or cohabitation; e.g., husband, wife, father, mother, son, daughter, brother, sister, grandparent, grandchild, uncle, aunt, first cousin, nephew, niece, in-laws, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, half sister, and two people living together outside of marriage.
3. Supervisors are employees who review and sign performance evaluations, attendance forms and other personnel and budget documents.

**Guidelines**

1. No employee shall use his/her personal influence or power to aid or hinder another in the employment setting or situation because of a personal relationship. Employment settings or situations referenced above are either:
  - A. Working in a small unit or close quarters in association with one another; or
  - B. Working for the same supervisor; or
  - C. Having a direct or indirect supervisor/subordinate relationship.

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NEPOTISM POLICY

FEBRUARY 2002

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2. Staff members shall not directly or indirectly supervise another staff member with whom they have a personal relationship.
3. The CCC recognizes that there are many situations in State service where two (2) individuals who have a personal relationship with another staff member shall not work for the same supervisor may appropriately be allowed to work in the same program, activity, or location without adverse impact. However, in circumstances where the work of the unit or its employees, or the safety and morale of the employees in the unit, or the fair and impartial supervision and evaluation of employees is demonstrably adversely affected by a personal relationship, the affected employees may be accommodated by the reassignments of one or the other to the next available vacancy in his/her classification.
4. Corpsmembers shall not be assigned to a location where a staff member with whom they are related (i.e., mother, father, brother, sister, etc.) is employed.
5. A corpsmember who has a personal relationship with another corpsmember may be assigned to the same location but may not supervise the other corpsmember.
6. Staff members who have already established or who subsequently enter into a personal relationship with another staff member, must comply with the aforementioned guidelines. Compliance may require the resignation, reassignment, or transfer of one or both employees.

Employees in such a situation may request the District Director to review the reporting relationships of the situation and make an exception to the policy.

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**Exceptions**

Persons who are not in compliance with this directive may submit an exception request to the appropriate District Director of the CCC. The CCC District Director has the authority to recommend exceptions on a case-by-case basis. The District Director shall forward a copy of the exception request to the Chief Deputy Director of the CCC. The Chief Deputy Director will approve or deny each request.

If this policy is in conflict with the provisions of a Memorandum Of Understanding (MOU), the MOU will be controlling.



## Right to File Grievance

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### CORPSMEMBER RIGHT TO FILE GRIEVANCE

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<b>Justification for Filing Grievance</b>	Corpsmembers may file a grievance, which is a dispute or complaint by one or more corpsmembers involving the interpretation, application, or enforcement of the terms of the Corpsmember Agreement or any written or unwritten rule, policy, or procedure of the CCC or its affiliates. Grievances may be filed if a corpsmember believes a disciplinary action recommended by a supervisor affects him/her unfairly.
<b>Grievance Process</b>	<p>When a corpsmember feel that the recommended action taken by his/her supervisor is inappropriate, the corpsmember has a right to grieve the decision.</p> <p>The corpsmember has a right to an informal meeting with his/her immediate supervisor within seven calendar days of the act resulting in the grievance to resolve the issue. The corpsmember's immediate supervisor will give his/her decision or response to the corpsmember within seven calendar days of the informal discussion. If the corpsmember is not satisfied with the resolution, they have a right to file a formal grievance.</p> <p>The corpsmember must file the fomal grievance within seven calendar days of the day the immediate supervisor's decision is communicated to the corpsmember. All formal grievances must be submitted on the Corpsmember Grievance Form (CCC 2-2).</p> <p>All formal grievances will be routed to the Conservation Supervisor for written response within seven calendar days after the informal decision takes place. The Conservation Supervisor will respnd in writing within 10 calendar days after receiving the formal grievance form.</p> <p>If the corpsmember is not satisfied with the proposed resolution, he/she has a right to appeal to the District Director. The appeal to the District Director must be made within 10 working days after receiving the decision from the Conservation Supervisor. The District Director will respond to the corpsmember within 10 working days of the appeal.</p> <p>The District Director's decision will be final.</p> <p>The reason for the decision will be recorded on the CCC 2-2 and returned to the grievant, with a copy retained in the District Corpsmember Personnel File.</p>



### California Conservation Corps CORPSMEMBER GRIEVANCE

The purpose of the CCC corpsmember grievance procedure is to allow corpsmembers an opportunity to resolve training or job-related problems in a fair, orderly and expedient manner, and to ensure that corpsmembers are protected from discrimination.

Staff of the CCC will treat a corpsmember's grievance as a private and personal matter.

#### **Corpsmember**

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If you are a current corpsmember wishing to file a formal grievance, you must first attempt a resolution through an informal meeting with your immediate supervisor within seven (7) days of the act resulting in the grievance. Your immediate supervisor must give you a decision within seven (7) working days. All grievances not resolved informally must be filed within seven (7) working days of that decision. If you are a former corpsmember, mail your grievance to the District Director.

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Service District: \_\_\_\_\_ Center/Satellite: \_\_\_\_\_

State the reasons which constitute the grievance. Provide SPECIFIC DETAILS, dates, names and positions of any witnesses. Attach any additional paper or supporting documents if necessary.

Please provide a brief description of the solution your immediate supervisor suggested:

What action do you want taken?

Date problem discussed with immediate Supervisor: \_\_\_\_\_

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SIGNATURE OF CORPSMEMBER



**Level 1**

If you wish to appeal to the Conservation Supervisor, this grievance must be filed within seven (7) calendar days of the informal discussion with your immediate supervisor. The Conservation Supervisor will respond in writing within ten (10) calendar days after receipt of the grievance.

Date received by the Conservation Supervisor \_\_\_\_\_

**Decision of Level 1**

- Grievance Upheld
- Grievance Denied

Please explain the reasons for the decision and any additional action taken:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date grievance decision received: \_\_\_\_\_

This decision is:

- Acceptable
- Not Acceptable

CORPSMEMBER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**Level 2**

If you are not satisfied with the decision of the Conservation Supervisor, an appeal can be made to the District Director within ten (10) calendar days.

**\*\*\*The decision of the District Director is final\*\*\***

Date Received by District Director: \_\_\_\_\_

Final decision of appeal:

- Grievance Upheld
- Grievance Denied

Please attach an explanation of the reasons for the decision and additional actions taken.

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

Date sent to Corpsmember: \_\_\_\_\_

CCC 2-2 (Revised 9/08)

## Sexual Harassment

STATE OF CALIFORNIA—THE RESOURCES AGENCY  
 California Conservation Corp. Form #

GRAY DAVIS, Governor

<b>POLICY &amp; PROCEDURES LETTER</b>		
<b>Title:</b> Sexual Harassment Policy		<b>PPL#:</b> 04-0002
<b>Policy Owner:</b> Human Resources <b>Division/EEO Unit</b>	<b>Issue Date:</b> August 20, 2003	<b>Section #:</b>
<b>Date of Last Review/Revision:</b> October 2000		<b>PPL Review Date:</b> December 31, 2003

### Director's Directive

As directed by the Director, this Policy and Procedures Letter (PPL) takes effect immediately. A final version of the Equal Employment Opportunity (EEO) Sexual Harassment Policy along with a final version of the Procedures associated with the role of the EEO Unit, filing a harassment complaint, and the investigation process will be released later this calendar year.

#### 1 POLICY STATEMENTS

- A. The California Conservation Corps (CCC) is committed to providing a workplace where all individuals are treated with respect and professionalism.** Consistent with this commitment, it is the policy of the CCC to provide a workplace that is free from all forms of discrimination, harassment, including sexual harassment, and retaliation. Under this Sexual Harassment policy, CCC employees are prohibited from engaging in conduct that:
- Rises to the level of sexual harassment in violation of State or federal law;
  - Is sexual in nature, unprofessional and disrespectful, and while not unlawful may or may not contribute to an intimidating, offensive or hostile work environment.

The CCC will strictly enforce this policy because all forms of sexual harassment are unprofessional and disrespectful and not acceptable in any work environment.

To the extent that non-CCC employees, including, but not limited to, volunteers, interns, applicants for employment, contractors and third parties, engage in the prohibited behavior, the CCC will apply the principles of this policy. In addition, CCC will take necessary action, if possible, to implement consequences for violations of this policy by non-CCC employees.

- B. Conduct that violates the Sexual Harassment Policy –** An employee may violate this policy if he/she engages in conduct that is harassing of, or unprofessional or disrespectful towards another person based on the protected characteristic of sex or sexual orientation. This policy may be violated even if the conduct is limited to one act, does not rise to the level of violation of State or federal law, and may or may not contribute to a hostile work environment. In addition, conduct in violation of this policy may occur between male and female employees as well as employees of the same sex.



The Sexual Harassment policy applies to conduct when the employee is at work, or considered to be at a workplace of any CCC employee, as well as any location that can reasonably be regarded as an extension of the workplace, such as an off-site work project, CCC sponsored social or business function, or any other non-CCC facility where CCC business is being conducted. Further, this policy applies to work-related conduct, including conduct while off-duty, if such conduct negatively affects the work environment or the CCC.

Sexual harassment generally is defined under State or federal law as unsolicited and unwelcome sexual advances, requests for sexual favors, and other verbal, physical, or visual conduct of a sexual nature that interferes with work performance by creating an intimidating, hostile, or offensive work environment.

Conduct or communications by an employee that may constitute sex discrimination or sexual harassment in violation of federal or state law includes:

1. Conduct or communication of a sexual nature that is made either explicitly or implicitly as a term or condition of employment;
2. Conduct or communication exhibited in response to submission or rejection of a request of a sexual nature that is used as a basis for employment or service decisions that will have a negative or positive affect on the individual who submitted or rejected the request;
3. Conduct or communication of a sexual nature that has the potential to affect an individual's work performance negatively and/or create an intimidating, hostile or offensive work environment.

Prohibited conduct that may violate this policy includes, but is not limited to, the following:

1. Unwanted or unwelcomed sexual advances or pressure. This may include, but not be limited to, situations which began as a mutual and consensual attraction or relationship but later ceased to be mutual or consensual;
2. Demands for sexual favors in exchange for favorable treatment, or continued employment including, but not limited to, appointments, promotions, transfers, assignments, or performance appraisals;
3. Coerced sexual acts;
4. Visual demonstration or verbal commentary of a sexual nature that may include derogatory or demeaning comments or slurs, sexually explicit jokes, comments about an individual's body or physical appearance, sexual prowess, or sexual deficiencies, suggestive or obscene remarks or practical jokes;
5. Visual and physical conduct of a sexual nature that may include leering, whistling, touching, pinching or grabbing, intentionally blocking or impeding movements, intentionally brushing up against another individual, rape or assault;
6. Posting, sending or downloading derogatory or demeaning materials of a sexual nature or sexually suggestive or explicit materials in any form by any means of transmission including facsimile, electronic mail, or the internet. This includes displaying sexually suggestive objects, cartoons, or posters;

7. Any other conduct that may create or contribute to an intimidating, offensive or hostile work environment.

C. **Responsibilities of Employees** Each CCC employee has an obligation to assist in creating a professional and respectful work environment. All CCC employees, which for purposes of this policy include civil service employees, corpmembers and special corpmembers, are required to:

1. Adhere to this policy;
2. Refrain from engaging in, condoning or tolerating conduct that violates this policy;
3. Cooperate in an investigation, hearing or proceeding regarding an alleged violation of this policy;
4. Attend sexual harassment training as mandated by the Director, or his/her designee;
5. Review this policy and seek assistance from the EEO Unit if the employee does not understand any of the provisions in this policy;
6. Maintain confidentiality and not discuss any information involving an alleged violation of this policy, except with a personal representative, individuals who are authorized to inquire about or investigate the allegations, or individuals on a "need-to-know" basis.
7. Refrain from engaging in any retaliatory conduct against an individual who has reported an incident or behavior that may be in violation of this policy or has participated as a witness in an investigation or administrative proceeding.

Employees should report known or observed incidents or behavior that may be in violation of this policy to their supervisor, if possible, or to another supervisory or managerial employee such as a Supervisor of Corpmember Development Program, Conservation Supervisor or the Center Director, or filing an Incident Report Form or by contacting the EEO Unit.

D. **Consequences for Employees** – An employee may be subject to appropriate corrective or disciplinary action, up to, and including termination, when it has been determined that an employee has violated this policy whether or not the conduct violates State or federal law. In addition, an employee, determined by a court of law to have violated State or federal law, may be held personally liable for his/her conduct. In appropriate cases, an employee found to have violated this policy may not receive legal representation at the expense of the CCC, if named as an individual defendant in a lawsuit. An employee will not be disciplined nor retaliated against for reporting information, participating in an investigation or administrative proceeding, or filing a complaint in good faith.



- E. **Responsibilities of Supervisors and Managers** - Supervisors and Managers are responsible for maintaining professional standards that promote a work environment free from sexual discrimination, harassment and unprofessional or disrespectful conduct of a sexual nature. For purposes of this policy, "supervisor" includes Conservationist 1 staff as well as employees in civil service classifications designated as supervisory or managerial.

Supervisors and Managers shall:

1. Know, adhere to, and enforce this policy;
2. Exhibit professional conduct on a daily basis consistent with the intent of this policy to provide a work environment free from sexual harassment;
3. Take proactive measures to prevent conduct in violation of this policy;
4. Be considered on "NOTICE" of conduct that may violate this policy by personal observation or verbal or written notification from an individual;
5. Take prompt and appropriate action, if possible, to stop conduct that may violate this policy regardless of how, when, or where the information is presented to the supervisor;
6. Take prompt and appropriate action to ensure that an individual who has reported an incident or behavior that may be in violation of this policy or has participated as a witness in an investigation or administrative inquiry is not subject to any retaliation;
7. Report known or observed incidents or behavior that may be in violation of this policy to his/her supervisor, if possible, or to another civil service supervisor or manager, or filing an Incident Report Form or by contacting the EEO Unit. ;
8. Ensure that employees under his/her supervision have attended mandated training, received a copy of this policy, and understand the contents of this policy; and
9. Review the contents of this policy with his/her employees as directed by the Director or his/her designee.

- F. **Consequences for Supervisors and Managers** - Supervisors and Managers may be subject to appropriate corrective or disciplinary action, up to and including termination, for his/her conduct that has been determined by the CCC to violate this policy, whether or not the alleged conduct is in violation of State or federal law. In addition, a supervisor or manager determined by a court of law to have violated State or federal law may be held personally liable for his/her conduct. In appropriate cases supervisors and managers found to have violated this policy may not receive legal representation at the expense of the CCC, if named as an individual defendant in a lawsuit.

---

H. Wes Pratt  
Director

## Uniform Policy

STATE OF CALIFORNIA - THE RESOURCES AGENCY

EDMUND G. BROWN, JR., Governor

### CALIFORNIA CONSERVATION CORPS

#### Region One – Fortuna Center

1500 Alamar Way, Fortuna, CA 95540  
(707) 725-5106 FAX (707) 725-1748  
www.ccc.ca.gov



### MEMO

**To:** Michelle Rankin, CCC Fortuna Center Director  
**From:** Carrie Gergits, WSP Project Director  
**Date:** September 21, 2011  
**Re:** AmeriCorps Watershed Stewards Project Exemption Request to CCC Uniform Policy

The Watershed Stewards Project (WSP) requests exemption to CCC Corpsmember Uniform Policy (PPL#: 05-00013, Section #: 5100, pages 2 through 4).

#### Justification

As a special program of the CCC, the WSP members require special uniforms. Unlike the CCC's traditional population of corpsmembers, AmeriCorps (AMC) members serve in public settings such as schools, non-profits, community-based organizations, and at public outreach events. These settings often require that members' appearance be professionally casual and sufficiently versatile to fit into a variety of settings. In many of these instances, a traditional CCC uniform well suited to conservation field work, is not as well suited to indoor work. The standard AMC service gear provides members with official wear which is nationally recognized. WSP members are also issued WSP specific shirts. WSP demonstrates their affiliation with the CCC as a special program by displaying the CCC logo on all program issued uniforms (e.g., WSP field shirts contain the CCC logo on the left arm). Since CCC WSP members represent multiple organizations, uniforms issued to members will contain logos for AMC, CCC, and WSP.

#### Watershed Stewards Project Dress Code

Members will maintain high standards of personal hygiene and appearance. Clothes will be clean and wrinkle free, in good repair (hemmed, no holes, or tears), and fit properly (not excessively tight, sized small as to show midriff/hips/backside/underwear, or oversized). Appropriate undergarments will be worn by both males and females. Personal hygiene should include no strong perfumes or body odor.

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*The young women and men of the Corps work hard protecting and restoring California's environment and responding to disasters, becoming stronger workers, citizens and individuals through their service.*





September 21, 2011  
Page 2 of 2

**Uniform Condition and Appropriate Appearance:**

- WSP members are required to wear appropriate safety gear when conducting field service activities (issued at no cost).
- Members are required to wear either the AMC or WSP shirt provided to them daily (2 at no cost). If the shirts become worn out, torn, or stained beyond repair, the member is expected to replace them at their own cost.
- When outside during cold weather, members may wear the WSP rain jacket (issued at no cost) over the AMC or WSP field shirt, or a long sleeved shirt under their field/AMC shirt. While indoors, sweatshirts, sweaters, or non-WSP jackets may not be worn over uniform clothing with AMC/WSP/CCC logos.
- Pants are to be properly worn (defined as at or slightly above the waist – no bagging or sagging) and in good condition. Pants shall not extend below the bottom of the shoe sole at the back.
- Shoes are to be closed-toed, kept clean and oiled/polished.
- A CCC issued ball cap or a bandana can be worn for sun protection when working in the field.
- Hair, including facial hair, shall be neat, clean and present a groomed appearance.
- Fingernails shall be clean and trimmed; and polish, if worn, shall be neutral color. Cosmetics, if worn, shall be subdued.
- No strong perfume or body odor.
- No jewelry is to be worn on the face including the tongue, with the exception of earrings. If the program staff determines that no jewelry may be worn on a project for safety reasons, this decision prevails.
- The minimum of an AMC or WSP shirt will be worn at all times when conducting field work.
- All items must be free of logos that are obscene, sexually suggestive, political, gang related, demeaning, or that advocate the use of alcohol, tobacco, or drugs.

**The following items are examples of inappropriate dress:**

- Clothing or shoes that are worn out, torn, or stained.
- Flip flops, open-toed sandals or river shoes, bare or stocking feet, or slippers.
- Skirts, dresses, and shorts that are shorter than 3" above the knee or mid-thigh.
- Clothes generally worn for recreation or exercise such as sweatpants/shorts, tank tops/t-shirts, etc (except if worn for PE class).
- Clothing with messages or logos that are obscene, sexually suggestive, political, gang related, demeaning, or that advocate the use of alcohol, tobacco, or drugs.

Members are also required to follow the dress code policy of their placement site if it exceeds these expectations.

***Violation of, or disregard for any of these standards may result in disciplinary action, up to and including termination.***



## Violence in the Workplace

CALIFORNIA CONSERVATION  
CORPS

# Violence in the Workplace Protection Plan

Health and Safety Office  
HUMAN RESOURCES DIVISION  
*Revised: May 2003*



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## CALIFORNIA CONSERVATION CORPS VIOLENCE IN THE WORKPLACE PROTECTION PLAN

### I. INTRODUCTION

The "Violence in the Workplace Protection Plan" (VWPP) is an integral part of the California Conservation Corps (CCC) worker safety program. The purpose of the VWPP is to express clearly and emphatically the CCC's "zero tolerance" philosophy by implementing a policy and procedures for dealing with acts or potential acts of violence in the workplace. In keeping with the intent of the VWPP, every employee is charged with the responsibility of helping to maintain a safe working environment by following the policy and procedures outlined below.

**The word "employee" in this policy shall mean civil service employee, special corpsmember, corpsmember, and volunteer.**

### II. POLICY STATEMENT

#### *"Zero Tolerance for Violence in the Workplace"*

It is the CCC's policy to conduct business and protect its employees and the public from harm by providing a safe and secure work environment that has zero tolerance for violence, threats, harassment, and intimidation in the workplace.

The CCC will not tolerate acts of violence committed by or against employees or members of the public while on State property or while performing State business at other locations. Such actions are grounds for immediate disciplinary action and may lead to dismissal. The CCC shall use reasonable legal, administrative, and disciplinary measures to secure the workplace from violence and to reasonably protect employees and members of the public.

#### **Definition of WORKPLACE VIOLENCE**

The word **violence** in this policy shall mean an act or behavior that:

- Is physically assaultive;
- A reasonable person would perceive as obsessively directed, e.g., intensely focused on a grudge, grievance, or romantic interest in another person;
- A reasonable person would perceive as threatening, intimidating, harassment, or coercion.
- Is a communicated or reasonably perceived threat to harm another individual or in any way endanger the safety of an individual; or a reasonable person would perceive as menacing; and
- Destroying property, or throwing objects in a manner reasonably perceived to be threatening or is a communicated or reasonably perceived threat to destroy property.



The **workplace** as it applies to this policy means:

- Any CCC facility;
- Any other location, permanent or temporary, where CCC employees are engaged in work-related activities; or
- Where CCC employees are present as a condition of employment.

### III. POLICY GOALS AND OBJECTIVES

The goals and objectives of the VWPP are to achieve the following:

1. Eliminate or reduce the potential for violence in and around the workplace;
2. Ensure all employees are informed about workplace violence prevention measures and procedures;
3. Encourage and foster a work environment that is characterized by respect and healthy conflict resolution;
4. Ensure that all employees report any acts of violence immediately;
5. Mitigate the negative consequences for employees who experience or encounter violence in their work lives; and
6. Provide employees with access to employee assistance programs to deal with domestic or workplace violence.

### IV. RESPONSIBILITIES

#### **All Employees:**

**All employees**, including civil service employees, corpsmembers, special corpsmembers and volunteers are responsible for:

- **Calling 911** - Knowing the instructions for placing a "911" call in an emergency situation (Appendix E);
- **Reporting suspicious behavior and actions** - Immediately reporting suspicious behavior and actions by co-workers or non-employees, (including assaultive talk, and belligerent, intimidating, or threatening behavior) to a supervisor;
- **VWPP and the appropriate Security Action Plan** - Knowing and understanding the VWPP and the appropriate Security Action Plan;
- **Training** - attending workplace violence awareness and prevention training;
- **Security hazards** - Immediately reporting security hazards such as burned out lights, and suspicious activities in the area to their supervisor;
- **Consideration and Respect** - treating co-workers, visitors, and others with consideration and respect, and not engaging in threats or physical actions which could create stress, strain, and/or a security hazard for others in the workplace;

- **Writing and documenting** the violent incident (*who, what, why, where and when*) by way of a memorandum, e-mail or Witness Statement.

Employees are encouraged to report to their managers and supervisors situations that occur outside of the workplace which may affect workplace safety, e.g., instances where protection/restraining orders have been issued, etc.

**Employees shall not:**

- Bring and or possess weapons of any kind onto the work premises, including pepper spray; (*Appendix A, Management Letter 94/020*);
- Threaten, harass, or intimidate, any employee by verbal, written, physical or any other means;
- Conspire to commit a violent act; and
- Engage in rough or careless play activity or other behavior, whether by mutual consent or not, which may give the appearance of violence.

**District Directors/Center Directors/Managers and Supervisors:**

All District Directors, Center Directors, managers and supervisors are responsible for assessing situations, making judgements on the appropriate response and then responding to reports, or knowledge, of potential or actual acts of violence.

- Documenting violent incidents of all levels, including intimidation, harassment, coercion, or threats of physical or verbal abuse.
- Taking preventive action to protect employees from violence by:
  - √ **Violence awareness and prevention training** - Ensuring that employees receive the specified workplace violence awareness and prevention training.
  - √ **Department's workplace violence policies and procedures** - Communicating and enforcing the department's policies, procedures, and work practices relating to workplace violence.
  - √ **Reporting workplace violence** - Encouraging employees to report threats or acts of violence.
  - √ **Buddy System** - Supporting a "Buddy System" or escort when an employee expresses concern about arriving or leaving the work premises for fear of a violent incident.
  - √ **Security hazards** - Ensuring security hazards within their area of control are promptly addressed and corrected (enough lighting, replace broken lights, visitors are escorted and or provided identification badges, broken windows and locks are repaired).
- **Center Directors** are specifically responsible for taking the following additional preventative actions:



- √ **Security Action Plan** - Ensuring that a Security Action Plan (**Appendix B**) is implemented at each CCC facility within their jurisdiction and communicated to all district employees.
- √ **Law enforcement liaison** - Developing a local liaison with law enforcement.
- √ **Environmental Hazards** - Identifying and providing information to all corpsmembers and staff regarding local environmental hazards and other sources dangers (including drugs and alcohol, gang activities, and violence).
- √ **Security Officer** - Designating a security officer and backup security officer for each CCC facility within the district.
- √ **Training** - Including the VWPP in the Corpsmember Orientation Motivation Education Training curriculum, staff training, new staff orientation training and refresher for all staff at least every two years.
- √ **Violence Prevention Trainer** - Designating a staff person as the district's Violence Prevention Trainer (VPT) to deliver VWPP training and refresher courses to all staff. The Center Director shall ensure staff designated as the VPT receive the VWPP Training for Trainers course offered by the Health and Safety Office.
- **In the event of a significant violent incident**, all District Directors, Center Directors, managers, and supervisors are responsible for:
  - √ **Media Inquires** - Ensuring that media inquires are addressed in a timely manner, so as to mitigate the effects of negative publicity. CCC staff should never refuse to talk to media, but instead direct them to someone who can assist them. The CCC Public Information Officer shall provide assistance as needed, and can serve in lead capacity in various situations.
  - √ **Affected Work Area** - Authorizing the prompt cleanup and/or repair (subject to release by law enforcement officials) of areas damaged by a violent incident, to be completed before employees are allowed to return to the work area and if necessary, arranging alternate work sites for those employees whose work area has been damaged by a violent incident.
  - √ **EAP** - Providing employee assistance and referral services through the Employee Assistance Program (EAP) after a workplace violent act occurs, or when employees exhibit behavior that could result in a violent act, threats of physical violence, verbal abuse, intimidation, harassment, coercion, property damage, or other signs of strain or pressure in the workplace.

**Security Officers:**

Center Security Officers and backup Security Officers are designated by each Center Director. The Business Services Manager shall function as Headquarters' Security Officer. Security Officers are responsible for:

- Taking appropriate action as specified the Security Action Plan for their facility;
- Ensuring that all employees are aware and understand the Security Action Plan pertaining to his or her particular facility.
- Documenting violent incidents of all levels, including threats of physical or verbal abuse.

**Health and Safety Officer:**

The Health and Safety Officer is the department's Violence Prevention Coordinator (VPC). The VPC shall provide confidential assistance on sensitive matters relating to violence. In addition, the VPC shall keep the Human Resources Chief appraised of all violent acts. The following are the VPC responsibilities:

- Provide prompt and appropriate response to any acts of violence;
- Provide advice, assistance and disseminate information to District Directors, Center Directors, managers, supervisors, Security Officers, and employees about violence prevention and protection and workplace violence issues;
- Enforce safety laws, policies and procedures concerning worker safety. This includes the authority to order cessation of work or employee evacuation in the event an imminent hazard to employees;
- Coordinate and/or monitor investigations into incidents of workplace violence;
- Serve as liaison with governmental control agencies, including State Compensation Insurance Fund (SCIF), Department of Industrial Relations, Department of Personnel Administration, California Highway Patrol, State Attorney General, and other agencies which have jurisdiction over matters involving worker safety.

**Director:**

The Director, or designee, is responsible for providing a violence free workplace for all CCC employees. The Director has delegated the responsibility for implementing the VWPP to all CCC District Directors, Center Directors, managers and supervisors.

## V. PRE-EMPLOYMENT SCREENING

Employers who conduct effective employment interviews and thorough background and reference checks of employment applicants can often improve productivity and reduce the number of personnel prone to exhibiting violent behavior.

- **Employment Interviews.** During the employment interview, ask questions which allow an assessment of the prospective employee's behavior. An example of such a question could be, "describe in detail by using your past work experience an instance where management made a decision you did not agree with, how you reacted to the decision and why."



- **Perform thorough background checks.** Have the applicant sign a waiver and release form which permits the employer to verify the information reported on the job application. Check all work history and recognize any unexplained gaps in employment history. Ask the applicant to explain his or her employment history. Contact previous employers and inquire about any prior incidents of violence. If the applicant is ex-military, request a copy of their discharge papers (DD214) be brought to the interview. Contact the Personnel Analysis Unit for additional consultation in this area.

## VI. TRAINING

District Directors, Center Directors, managers, supervisors, and employees, including corpsmembers in COMET, shall receive training and instructions on the CCC's VWPP, including:

- The definition of workplace violence;
- Reporting incidents including threats and verbal abuse;
- Preventing workplace assaults and what to do when an assault occurs, including emergency action and post-emergency procedures;
- Recognizing the early warning signs for potential violence in the workplace;
- Identification and response to potential workplace security hazards (i.e., no lights in parking lot, unknown person loitering outside the building, etc.);
- Employee assistance programs and how to use them;
- Pre-employment screening practices; and
- The measures that the CCC has implemented to prevent workplace violence:
  - ✓ the use of security equipment and procedures;
  - ✓ how to attempt to diffuse hostile or threatening situations; and
  - ✓ how to summon assistance in case of an emergency or hostage situation.

Center Directors shall designate a staff person as the district's Violence Prevention Trainer (VPT) who shall provide training to all new staff and refresher course for all staff. The staff person designated as the VPT shall complete the Violence in the Work Place Prevention Training for Trainers training course offered by the Health and Safety Office. The VPT shall document and report all training to the Violence Prevention Coordinator.

## VII. EMERGENCY SECURITY ACTION PLAN FOR VIOLENT INCIDENTS

**EMERGENCY:** *A direct threat or act that poses immediate danger and/or is life threatening.*

**A direct threat is very specific and leaves no room for interpretation. For example, an employee states to another employee, "I'm going to kill you."**

- ✓ **For immediate action steps in the event of an EMERGENCY, see the specific Headquarters or Center Security Action Plan (Appendix B).**

Security Action Plans are designed to ensure the safety of all employees when dealing with a potentially violent incident at a CCC facility. Since each facility is unique, Center Directors are responsible for ensuring that a Security Action Plan is customized to meet the operational needs of each center, satellite, and spike location.

All Security Action Plans shall include the action steps to be taken IMMEDIATELY and WHILE an event is occurring. This includes, but is not limited to, following emergency contacts and procedures, including access control. A listing of CHP locations and telephone numbers is located in Appendix H. All Security Action Plans must be posted in conspicuous work and residential areas. For example, post the Security Action Plan by phones readily and commonly accessible by all employees at all hours.

Additional follow-up steps and reporting requirements, which work in tangent with the Security Action Plan are included in Section IX, INCIDENT REPORTING.

## VIII. NON-EMERGENCY INCIDENT RESPONSE

**NON-EMERGENCY:** *A threat or act that does not pose an immediate threat or danger and is not life threatening.*  
**These threats or acts are more obscure and conceal the true intentions. For example, an employee verbally states to another employee, “watch your back”; “you’ll get yours.” Even though these types of threat/acts may seem less dangerous because the person did not state a specific intent to harm, nevertheless, these types of threats and or acts need to taken seriously and dealt with immediately since it could precede a serious violent act.**

Following are the action steps for a non-emergency situation:

- When a threat or act occurs, **the first person** who becomes aware of an incident shall immediately report the incident to the nearest District Director, Center Director, manager, supervisor, or security officer.
- The District Director, Center Director, manager, supervisor, or Security Officer shall assess the situation and determine if there is an immediate need to contact the CHP or local law enforcement. **Do not call “911” in non-emergency situations.**
- If necessary, the Security Officer shall distribute and/or post a “Warning Poster” with the name and description of a potentially violent suspect at all exits and entrances (see **Appendix C** for sample).
- Even if the incident is categorized as non-emergency, procedures must be implemented to ensure the safety of all employees. Consider changing or staggering departure times and implement a buddy system or an escort for leaving the building and getting to parking areas.



A non-emergency incident should not be ignored in the hopes that it will resolve itself, or out of fear of triggering an outburst from the person who has initiated the incident. If someone poses a danger to themselves or others, appropriate immediate action must be taken.

## IX. INCIDENT REPORTING FOR ALL INCIDENTS

Documenting dangerous or threatening situations that occur in the workplace is mandatory. The following steps and documents must be prepared in accordance with various regulations, and in order to assist with the documentation and analysis of the event.

### ■ **Initial Incident Documentation** (*This applies to both emergency and non-emergency incidents.*)

As soon as an incident occurs, all employees, whether a victim(s) or witness(es), must provide the Security Officer and/or the supervisor with a description of the incident by way of a written memorandum, e-mail or Witness Statement (CCC 50). This must be done as soon as possible. The information must include:

- ✓ Who witnessed the alleged or actual incident;
- ✓ Where and when (date and time) the incident occurred;
- ✓ Whether the incident involved verbal and/or physical acts;
- ✓ What was said or witnessed; and
- ✓ Any objects used.

### ■ **Completing Preliminary Report of Workplace Violence, Form CCC 260,**

The supervisor or Security Officer **immediately** documents the incident by completing the ***Preliminary Report of Workplace Violence, Form CCC 260, (Appendix D)***. Copies of this form, along with any attachments, shall be faxed, **within 24 hours**, to the Human Resources Division Chief, Health and Safety Officer, Public Information Officer, Field Operations Chief, and Center Director. Hard copies shall follow as soon as possible. The supervisor and or Security Officer shall retain the original.

***NOTE: Although staff are directed to immediately proceed with a preliminary report and investigation, once law enforcement officials arrive, do not impede their investigation. The investigations shall be concurrent, not conflicting.***

If the incident results in an employee being **seriously injured or the incident results in the death of an employee**, the supervisor must complete the following:

A. **OSHA Notification**

**Within 8 hours**, the nearest CAL-OSHA district office must be notified. The Center Director/manager is responsible for ensuring that this occurs. CAL-OSHA district office phone numbers are on the safety poster on the safety bulletin board at each facility. If a death occurs, the "*Checklist In The Event Of A Death*" (CCC 17) must be completed ( See Attachment III).

**Within 24 hours of an injury**, the supervisor is responsible for providing the injured employee, or designee, with an **Employee's Claim for Workers' Compensation Benefits form (see Attachment I, SCIF 3301)**.

B. **State Compensation Insurance Fund**

**Within five (5) calendar days**, if an employee sustains a work-related injury that requires treatment by a physician, the supervisor must complete an **Employer's Report of Occupational Injury or Illness (see Attachment II, SCIF 3067)**, and a **Supervisor's Accident Investigation Report (see Attachment IV), CCC 290**. Copies of these forms must be forwarded to the appropriate SCIF office and the CCC Health and Safety Unit.

X. **CONDUCTING AN INVESTIGATION**

After the preliminary report as been completed, incidents involving an emergency and/or criminal activity will be referred to the appropriate law enforcement authorities for investigation. Incidents that do not involve an emergency situation, and/or criminal activity will be handled by the VPC.

Incidents that arise from emergency situations and or criminal acts will be investigated immediately in cooperation with law enforcement officials. The VPC, Human Resources Division Chief and Field Operations will designate an investigative team to conduct an internal administrative investigation. The District Director/Center Director/manager will be notified as soon as possible. Results of the internal investigation must be submitted, in writing, to the VPC no later than **14 working days** after the incident. A copy of the report must be promptly forwarded to the Human Resources Division Chief, Field Operations Unit, and the appropriate District Director/Center Director/manager.

In criminal acts of violence, law enforcement officials will conduct an investigation. Although the designated departmental investigation team is responsible for conducting an internal administrative investigation, it is important to not impede the law enforcement agency's investigation. These investigations shall be concurrent, not conflicting. All employees shall cooperate with both law enforcement officials and the departmental internal investigative team.



## XI. EMPLOYEE ASSISTANCE PROGRAM

After a serious workplace violent act occurs, post-event trauma counseling shall be provided to those employees who desire such intervention to reduce the short-term and long-term emotional and/or physical effects.

The supervisor must immediately make EAP referrals for all affected employees. Supervisors shall have a copy of the "Supervisor's EAP Handbook" readily available, which shall be periodically reviewed. Supervisors are also responsible for providing employees with a copy of the EAP brochure.

Managers and supervisors need to be sensitive to the effects of workplace violence and foster an environment which supports employees and facilitates open communication. Providing a debriefing session 24 to 72 hours after the incident for all affected employees to help them deal with the after effects of the incident facilitates supportive communication.

## XII. RECORD KEEPING

Record keeping and evaluation of the department's VWPP are necessary to assess and determine the overall program effectiveness and identify any deficiencies or changes that should be made.

Good records help determine the severity of the problem, evaluate methods of hazard control, and identify training needs. Records of injuries, illnesses, accidents, assaults, hazards, corrective actions and training, can help identify problems and solutions.

Center Directors, managers, supervisors, and Security Officers shall maintain accurate confidential records of all workplace violence incidents at his or her facility for a minimum of **five (5) years**. This includes, but is not limited to, minutes of safety meetings, records of hazard analyses and corrective actions taken. Records of all training programs, attendees, and qualifications of trainers must also be maintained.

The Health and Safety Officer shall confidentially maintain the department's official records of all violent incidents, including but no limited to, medical reports or work injury, witness statements, preliminary reports, investigative reports, etc. These records shall be kept for a minimum of **seven (7) years**.

Exceptions:

- 1) Records will be retained until any appeal, law suit, or other challenge is resolved regarding the violent incident.
- 2) If an adverse action is taken against an employee, a copy of all relevant documentation pertaining to the violent incident shall remain with the adverse action file.

### **OSHA Log of Injury and Illness (OSHA 300)**

OSHA regulations require entry on the OSHA Log 300 of any injury that: 1) Is work related; 2) Is a new case; and 3) Meets the general criteria (death, days away from work, restricted work or transfer, treatment beyond first aid, loss of consciousness, or if otherwise considered a significant injury or illness. This includes injuries caused by incidents of workplace violence.

Center staff and the Headquarters Health and Safety Unit, will record on their respective OSHA 300 Logs all fatalities, illnesses and injuries that occur as a result of workplace violence, and which meet the criteria established by OSHA. (Chapter 10 of the CCC's Injury and Illness Prevention Program.)

### **XIII. EVALUATION**

As part of the Department's overall VWPP program, District Directors, Center Directors, managers, and supervisors must evaluate their safety and security measures on a regular basis. Deficiencies must be identified and corrected. The VPC will perform an annual review by consulting with District Directors, Center Directors, managers, supervisors and Security Officers to evaluate the program's success and report the findings to the Executive Team. Any changes in the program will be disseminated to all employees.



STATE OF CALIFORNIA  
PRELIMINARY REPORT OF WORKPLACE VIOLENCE  
CCC 280 (Rev. 05/01)

CALIFORNIA CONSERVATION CORPS

## Preliminary Report of Workplace Violence

*This form must be completed by District Directors/managers or supervisor/security designees with knowledge of a workplace violence incident. Use additional paper if necessary.*

### Provide the following information regarding the specific violent incident:

1. Date: \_\_\_\_\_ 3. Location: \_\_\_\_\_  
2. Time: \_\_\_\_\_

4. Provide the names and titles of individuals involved in the incident, including any individuals who may have witnessed the incident. Place a check in the box next to the individuals name when you have received his/her witness statement. Attach witness statements from the victim and witnesses.

Attachment

Attachment

<input type="checkbox"/> Name: _____ Title: _____	<input type="checkbox"/> Name: _____ Title: _____
<input type="checkbox"/> Name: _____ Title: _____	<input type="checkbox"/> Name: _____ Title: _____
<input type="checkbox"/> Name: _____ Title: _____	<input type="checkbox"/> Name: _____ Title: _____

5. Provide a full description of the incident including the specific nature of the incident (i.e., where and when the incident occurred, whether the incident involved a verbal or physical act, what you heard or witnessed and any objects used in the incident).

*(Attach additional sheets if necessary.)*

6. Provide the steps taken to resolve/mitigate the incident (e.g., dialed 911 or called ambulance).

*(Attach additional sheets if necessary.)*

7. Sign and date below.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

THIS FORM, ALONG WITH ANY ATTACHMENTS, MUST BE FAXED TO THE STAFF LISTED UNDER DISTRIBUTION WITHIN 24 HOURS OF AN INCIDENT. PLEASE FOLLOW-UP WITH HARD COPIES AS SOON AS POSSIBLE.

DISTRIBUTION: ORIGINAL - Retain for File  
Manager/District Director

COPY - Human Resources Division Chief

COPY - Health and Safety Officer (VPC)

COPY - Public Information Officer

COPY -

COPY - Field

## Tobacco Policy



## POLICY DIRECTIVE

<b>TITLE:</b> <b><i>Fortuna Campus Tobacco Use Policy</i></b>	<b>NUMBER:</b> <b>12-0002</b>
<b>EFFECTIVE DATE:</b> September 07, 2011	<b>POLICY OWNER:</b> Fortuna Campus
<b>EXPIRES:</b> N/A	<b>APPROVED:</b> Michelle Rankin Center Director
<b>SUPERSEDES:</b> N/A	<b>RELATED POLICIES:</b> N/A

### PURPOSE:

The purpose of this policy is to clarify the Fortuna Campus tobacco use expectations. It has been established to conform to Federal and State mandates.

### APPLICABILITY:

This policy applies to all staff, corpsmembers, volunteers, sponsors, and guests while on or visiting the Fortuna Campus or any satellite locations.

### POLICY:

1. No corpsmember or staff member shall use any tobacco product:
  - A. in a state-owned or state-leased space, including all indoor areas, parking lots, residential spaces, and yard areas, unless designated as a tobacco use area; or
  - B. within 20 feet horizontally or vertically of a main exit, exterior entrance, operable window, or air intake opening of a state-owned or state-leased space; or
  - C. in a state-owned vehicle; or
  - D. at any location designated as a non-smoking area by local, state, or federal statute such as schools, colleges or universities, playgrounds, or areas otherwise designated as a non-smoking area.
2. Tobacco use is prohibited during work hours except when on authorized work breaks or lunch periods. Approval of tobacco use at work site locations is subject to factors such as fire danger, location of project, and landowner policies or expectations.
3. No corpsmember or staff member shall purchase tobacco products while on official state business, including recreation and volunteer trips
4. Ashtrays and other anti-litter appliances may be provided in outdoor areas at the discretion of the Facility Manager.

### REFERENCES/LEGAL AUTHORITY:

The Fortuna Campus Tobacco Use Policy complies with Policy and Procedures Letter #05-0004 and #05-0010, and is in accordance with State Management Memo (MM) 04-07.

**CONTACT INFORMATION:** Please contact Larry Notheis with any questions regarding this policy.