**Required Checklist C: Alignment with Wisconsin State Service Plan**

# The purpose of this form is to determine the alignment that AmeriCorps\*State applicants have with the Wisconsin State Service Plan. Submission of this form by the deadline specified in the *RFP*is required. Responses will be considered in the development of trainings for the 2019-20 program year.

Please review the Wisconsin State Service Plan at <https://servewisconsin.wi.gov/Pages/AboutUs/StateServicePlan.aspx> and answer the questions below to the best of your ability. Some questions may not be applicable to new applicants.

1. **Please describe how your organization/program aligns with the objectives of the Wisconsin State Service Plan.**
2. **Please describe how your organization/program currently utilizes volunteers in order to enhance your delivery system. New applicants, please describe how your organization/program will utilize volunteers.**
3. Which of the following eight effective volunteer management practices does your program implement? These best practices are defined in the "Volunteering Reinvented: Human Capital Solutions for the Nonprofit Sector" report at [www.nationalservice.gov/pdf/07\_0719\_volunteering\_reinvented.pdf](http://www.nationalservice.gov/pdf/07_0719_volunteering_reinvented.pdf). Select all that apply.

[ ]  Market Research & Community Needs Assessment [ ]  Strategic Planning to Maximize Volunteer Impact

[ ]  Recruiting & Marketing to Prospective Volunteers [ ]  Interviewing, Screening & Selecting Volunteers

[ ]  Orienting & Training Volunteers [ ]  Ongoing Supervision & Management

[ ]  Recognition & Volunteer Development [ ]  Measuring Outcomes & Evaluating Processes

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| --- | --- | --- |
| Yes | No |  |
|[ ] [ ]  My organization participates in the [Employer of National Service](https://www.nationalservice.gov/partnerships/employers-national-service) initiative. |
|[ ] [ ]  My program will nominate worthy candidates for the Governor Service Awards.*The Governor Service Awards are given each spring to exemplary supporters of service in Wisconsin.* |
|[ ] [ ]  My program utilizes the Annual Member Survey results to inform program improvement. |
|[ ] [ ]  My organization is registered (or will register) on the [Volunteer Wisconsin website](http://www.volunteerwisconsin.org). |
|[ ] [ ]  My organization currently posts (or will post) volunteer opportunities on the [Volunteer Wisconsin website](http://www.volunteerwisconsin.org). |

1. Please mark Yes or No to the following statements.