



Conservation Legacy AmeriCorps Teleservice Policy

AmeriCorps members serving with Conservation Legacy programs are expected to serve in person at a physical service site within the commuting area of their assigned service community. In rare cases, teleservice may be permitted for specific activities, provided the arrangement meets the criteria outlined by the AmeriCorps State and National (ASN) Teleservice Policy and in the Conservation Legacy AmeriCorps Program Manual. This form does not apply to teleservice arrangements made as part of a reasonable accommodation for a disability, which are covered under separate policies and legal requirements.

This form must be completed and approved by Conservation Legacy Staff in advance of any teleservice occurring. Please note the following:

- **Teleservice is not remote service.** Members must remain within the commuting area of the service site and be available to attend in-person activities or events.
- **Teleservice is not virtual service.** The service site must have a physical location.
- Teleservice activities must be **meaningfully supervised** and the hours **verified independently**.
- Supervisors must maintain regular communication with members during teleservice and validate that all assigned activities are appropriate and completed.
- All teleservice hours must be tracked accurately to mitigate the increased risk of time and attendance abuse.
- Legal penalties may apply if false or unverifiable hours are reported.

By completing this form, the member, local site contact, and Conservation Legacy staff acknowledge their roles in ensuring that teleservice arrangements align with AmeriCorps requirements.

If you have questions while completing this form or need support determining if teleservice is appropriate, please reach out to the AmeriCorps support staff team.



AmeriCorps Teleservice Request Form

The Teleservice Request Form must be completed in advance of teleservice arrangements.

Member Name:

Service Site:

Conservation Legacy Staff Contact:

Conservation Legacy Program Name:

Teleservice Start Date:

Anticipated Teleservice End:

Reason for Teleservice Request:

Local Site Contact:

Supervisor During Teleservice (if changing):

Address of Teleservice Location:

How will the member be meaningfully supervised during teleservice?

How will the member's service hours be independently verified?

What are the communication expectations? Please list details about communication methods, frequency, and responsiveness.



List the specific service activities that will be assigned and how the supervisor will validate them:

By signing below, I confirm that I have reviewed and approve the teleservice arrangement outlined in this form. I understand that teleservice must comply with all applicable AmeriCorps and program policies. I further acknowledge that knowingly certifying invalid hours or submitting false claims may result in legal penalties, including potential disciplinary or legal action.

Member Signature

Date

Teleservice Supervisor Signature

Date

Conservation Legacy Staff Signature
Program Director level or higher

Date