

# College Access Corps

A Washington/Oregon Campus Compact AmeriCorps Program



## Secondary CAC Program Supervisor Form

As the secondary CAC program supervisor for \_\_\_\_\_  
(name of AmeriCorps Member) I agree to the following:

- To follow all CAC program and AmeriCorps policies and procedures as detailed on the CAC program website.
- To monitor and verify the member's timely completion of required program paperwork including time sheets, evaluations, etc.
- To sign the member's monthly time sheets and to monitor the member's compliance with AmeriCorps and the College Access Corps policies and procedures regarding prohibited activities.

By signing below, I agree to the above requirements.

\_\_\_\_\_  
Secondary CAC Program Supervisor

\_\_\_\_\_  
Date