**My Community, My Vision Supervisor Expectations** **Pledge**

My Community, My Vision (MCMV) program is an innovative program that gives high school students a hand in building great places in their community. The program is supported by the Indiana Housing and Community Development Authority (IHCDA) and Patronicity. Below is a list of your expected responsibilities as a supervisor in this program. **Please initial after each section to acknowledge your understanding of these expectations.**

1. **All members of the participating groups are expected to attend all virtual and in-person workshops—the kick-off, page build, site visit(s), and finale--with their council supervisor.**
* **November 16th, 2024 – Virtual Kick Off**
* **Early December 2024 – Page Build (Virtual) with Bridget**
* **January 2025 – Site Visit/Group Meet Up**
* **April 2025 – Final Presentation Event in Indianapolis**

\*Event dates are subject to change. Because of this, IHCDA allows some flexibility in students unable to attend an event date. Please note that these workshops are essential in the MCMV process and should be treated as a high priority.

**Supervisor Initials** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Supervisors are responsible for submitting required documentation for all MCMV participants (students and adults) with their application materials.**

**Supervisor Intials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Supervisors are responsible to read through all Supervisor Orientation materials and attend Supervisor Orientation check in with IHCDA and Patronicity staff.**

**Supervisor Intials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Supervisors are expected to meet with student leaders/student groups on a regular basis to ensure project progress and to respond to IHCDA and Patronicity staff in a timely matter in regards to project updates.**

**Supervisor Intials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **If a group experiences any challenges or issues during their fundraising campaign, supervisors are expected to notify and work with Patronicity/IHCDA in a timely manner.**

**Supervisor Intials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If you have any questions or concerns about your role as a My Community, My Vision supervisor, please feel free to contact Meagan Heber with IHCDA at mheber@ihcda.in.gov or 317.234.3727.

I have read the expectations, including the 2023-2024 program timeline. I understand my role as a My Community, My Vision supervisor.

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**Supervisor Signature** **Date**

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**Supervisor Printed Name**