

# Service Years as a Strategy for Adapting to Emergent Community Needs: **A COVID-19 Response & Recovery Case Study**

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# Introduction

Service years have a history of being a model to address emergent community needs – and needs arising from the COVID-19 pandemic were no different. The onset of the COVID-19 pandemic in early 2020 created an enormous public health challenge. In the United States, the federal government, states, and communities had to quickly look for solutions to slow the spread of the virus. As the country grappled with how to best respond, it soon became apparent that to help contain the virus, it would be essential to mobilize thousands of Americans to help implement proven public health strategies like contact tracing. In states such as Colorado, service year programs jumped in immediately to help fill this need.

Later in the year, as the authorization and rollout of the first COVID-19 vaccines began, it again became clear that mobilizing Americans to support vaccination and related outreach efforts would be an essential part in helping to deliver life-saving vaccines, particularly in ensuring that they would reach the most vulnerable and at-risk communities. From California to Pennsylvania, service year programs again stepped up to support this effort.

With generous support from Cisco, Service Year Alliance convened a COVID-19 Response and Recovery learning cohort from May 2020 through September 2021 that included representatives from state service commissions and service year programs that led these efforts to utilize service year corps members to support the public health response to COVID-19. The primary goals of this cohort were to lift up local learnings, collectively work through challenges and barriers, and to document the different models that came together to have service year corps members support the response to public health needs. While the cohort had an initial focus on utilizing service year corps members for contact tracing for much of 2020, as community needs shifted during the pandemic – particularly as COVID-19 vaccines started to become available – the group also expanded in 2021 to include new participants and took on an expanded focus on programming related to vaccine distribution and equity.

This paper will share examples, insights, and learnings that came out of this learning cohort, as well as relevant examples from elsewhere nationally, to demonstrate how national service was utilized to help scale the public health response to COVID-19. Our goal is that this case study will provide concrete examples and larger learnings for community leaders, policymakers, and philanthropic organizations that demonstrate the broad value of investing in service years and including them as a strategy in times of need.



# The Foundation: National service and its history of responding to natural and manmade disasters

A [service year](#) is a paid opportunity to develop real-world skills through hands-on service. Service years, including national service programs like [AmeriCorps](#), address three things at once: they transform lives through skill development; they address pressing community needs, including in public health; and they fuel civic renewal by bringing people together in service to local communities and our country. Research has also shown national service to be a cost-effective investment of public and private resources. A [study conducted by Voices for National Service](#) suggests that the benefits of national service to corps members, society, and government have an 11:1 return on investment.

National service has a history of playing a critical role in America's recovery in both the immediate response and long-term recovery from disasters. In the past decade alone, national service corps members have been on the ground in the United States to support response and recovery from natural disasters like Hurricanes Harvey and Laura, the tornados in Joplin, MO, and wildfires in the American West. AmeriCorps – the federal agency that administers grants for national service programs – has created a defined disaster response process to coordinate with local and federal agencies during disasters through its [Disaster Services Framework](#). Within this framework, there are [designated AmeriCorps programs](#) that engage in specialized activities and training and are readily available for deployment in times of need, including AmeriCorps Disaster Response Teams (A-DRTs), the National Civilian Community Corps (NCCC), and FEMA Corps.

[State service commissions](#) – the state partners of AmeriCorps that administer AmeriCorps state grants – frequently play a role in local disaster response, including through mobilizing volunteers. State service commissions also have the ability to define processes for having their state's AmeriCorps members provide additional surge capacity support in the event of a disaster. As an example, [OneStar](#), the Texas state service commission, requires its state's AmeriCorpsTexas members be available for disaster response and recovery efforts as needed by the State of Texas. Additionally, their AmeriCorps programs are required to include position descriptions that highlight the potential of member activation or deployment for disaster response and recovery. This clause was utilized during the state's response to Hurricane Harvey in 2017 to scale support capabilities at virtual call centers and emergency operations.



# The Emergent Need: Quickly mounting a public health response to COVID-19

In early 2020, the onset of the COVID-19 pandemic in the United States presented a new type of challenge. The pandemic posed a unique public health threat in communities and disrupted day-to-day life. By April 2020, Americans had learned about the need for social distancing and much of the country was under stay-at-home orders in an effort to slow the spread of COVID-19. National and local health agencies worked to provide additional guidance, and organizations scrambled to adapt to shifting circumstances.

During this time, it became apparent that to enact adequate public health response strategies, a large number of people would need to be mobilized. The CDC acknowledged the need for a “[substantial expansion of public health fieldworkers](#)” to support proven public health efforts like contact tracing.

While contact tracing might have been new terminology to many Americans at the time, it is a [common tactic in the field of public health](#) that involves having health workers trace the chain of disease transmission from a patient with a highly transmissible disease like COVID-19 by contacting and identifying their contacts to help limit the virus’ reach. Unlike some specialized public health roles that require extensive medical education, training, and experience, contact tracing notably allows individuals to be trained to support this effort without having a public health background or advanced college degree. Many states began to define plans and training for onboarding contact tracers, and [free training resources became publicly available through institutions like Johns Hopkins](#).

Like most organizations, national service programs’ standard operations were limited by COVID-19 – many service year corps members were unable to perform their regular service activities. Programs worked to find alternate solutions to make sure that their actively serving corps members could still provide safe service to their communities. In many cases, that meant shifting to virtual service and training options. Sensing the potential for leveraging the infrastructure of national service that had been so often utilized for disaster response, [Service Year Alliance highlighted the potential](#) to use national service to support areas like contact tracing in the public health response, and states like Texas and Pennsylvania explored the potential of engaging displaced corps members in these efforts as they got off the ground.

OneStar in Texas and [PennSERVE](#) in Pennsylvania – two state service commissions that plugged into their state’s local pandemic response efforts – both had previously defined the ability to deploy actively serving AmeriCorps members into alternate service as needed for disaster response. As contact tracing needs were identified in their states – and particularly as there was a surge capacity need that could not otherwise be immediately filled – the two commissions worked with their state health departments to develop new pilot initiatives that would engage displaced corps members that volunteered to be trained and take on contact tracing roles for varying lengths between May and August of 2020. Utilizing redeployed corps members provided the state and local health departments with individuals who had already been vetted and recommended by their programs.

In undertaking a partnership with the Texas Department of State Health Services (DSHS), OneStar was able to adapt some of the strategies they used when redeploying corps members to support virtual call centers during Hurricane Harvey to support contact tracing efforts. 70 corps members were pulled in for training and service across a mix of OneStar’s AmeriCorps grantees and AmeriCorps National programs with corps members in Texas like [SBP](#) and [American Youthworks](#). The state service commission worked alongside programs to provide support and management for corps members as they received training and role-specific support for contact tracing efforts that was coordinated by DSHS.

In Pennsylvania, PennSERVE and the Pennsylvania Department of Health (PA DoH) developed a pilot initiative to have a cohort of AmeriCorps members redeployed to supplement the state’s overwhelming need for contact tracers during the summer of 2020. State health experts trained AmeriCorps members in using technical platforms, and the AmeriCorps members remotely served by calling contacts of COVID-19 cases and conducting required follow up calls. A nurse administrator was assigned to support and enter data provided by AmeriCorps members, and was available to help with questions, technical issues, and to provide extra support for challenging cases. Feedback from participating staff and AmeriCorps members indicated that the pilot was valuable and a fulfilling experience for AmeriCorps members.

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1) [OneStar AmeriCorps Terms and Conditions](#), pg. 8, and [PennSERVE Request for AmeriCorps applications](#), pg. 12







# Creating the National Service Model: Building new programs to support the response

While redeploying corps members helped to provide valuable service to state and local health departments in need and for corps members themselves, there were also limitations in implementing and scaling this type of effort, particularly since most corps members being utilized were already approaching the end of their service terms. Nevertheless, the opportunity for service year corps members to participate as efforts got off the ground and the lessons learned from this process were immensely beneficial as new opportunities began to take root. Some of the needs for training identified along the way – such as the importance of offering increased training opportunities that involved real-world examples and interactive case scenarios – would prove beneficial when developing onboarding and training in future programs. As 2020 continued, it was also clear that the public health response to COVID-19 would require more than just an immediate, short-term response.

In Pennsylvania, though only 14 corps members participated in the initial pilot effort, the promise and learnings from the initiative were instrumental in the development of the state's new [Commonwealth Civilian Coronavirus Corps](#) (CCCC), which was announced as an opportunity to simultaneously address the COVID-19 health crisis while also creating opportunities in public health job training for corps members. The launch of the program would begin at the end of 2020, and close to 100 AmeriCorps members would go on to serve with five different programs, as further highlighted in the section "[Amending the Model to do More.](#)"

If you're interested in creating a new service year model, you can utilize Service Year Alliance's [Creating a Service Year Program](#) guide.

New models also emerged elsewhere in the country during the summer of 2020. In Colorado, a substantial effort emerged as part of the statewide containment response to COVID-19. In [June 2020](#), the state of Colorado utilized a mixture of public and private partnerships to build and quickly implement its COVID-19 Containment Response Corps (CCRC), which was built in large part off of the existing AmeriCorps infrastructure.

Close to 700 AmeriCorps members would join this initial effort during the summer through a variety of programs including AmeriCorps NCCC, AmeriCorps Seniors, and AmeriCorps VISTA Summer Associates.

The AmeriCorps VISTA Summer Associate portion of the contact tracing program was built through new programs at two organizations that already operated AmeriCorps programs – [Community Resource Center](#) (CRC) and [Conservation Legacy](#). Over a short period of time, these lead programs and their partners were able to generate over 1000 applications for the new cohort, from which they selected, trained, and placed 350 corps members to conduct contact tracing and related activities in coordination with the Colorado Department of Public Health and Environment between June and September 2020.

The success of this initial investment in national service led the state to [add an additional program of 100 corps members](#) who would serve in full-year positions (1200 hours over 32 weeks) – again with CRC and Conservation Legacy – by utilizing AmeriCorps State funding. This program would ultimately be extended again at the end of 2021 to add 40 more short-term positions. A full overview of the Colorado CCRC program is available later in this report as the [spotlight case study](#).

In addition to supporting the CCRC in Colorado, Conservation Legacy was able to apply their learnings from the summer to help create the framework for a pilot to utilize national service for contact tracing in Navajo Nation. Conservation Legacy already had an existing [Ancestral Lands program](#) focused on engaging underrepresented Indigenous youth and young adults in conservation service programs. They were able to obtain financial support from the Rx Foundation to fund 10 AmeriCorps members – half of whom were Diné – as contact tracers in Navajo Nation. Ancestral Lands led the recruitment process, and worked with the Navajo Nation Department of Health and the Community Outreach and Patient Empowerment (COPE) program to develop training and professional development for corps members. The ability to create new partnerships and build off the foundation of their existing AmeriCorps program helped to fund and get this pilot off the ground to provide essential and culturally competent service in Navajo communities. As an added outcome, the pilot has already had an impact on the career trajectories of participants. Following their service, [five program alumni have gone on to pursue further education in public health](#).

In Minnesota, contact tracing was included as one of the service areas for the state's [AmeriCorps Emergency Response initiative](#). The program, which was first announced in April 2020 and originally scoped as a summer response program, [expanded in September](#) to add 20 new corps members as contact tracers. As in the Colorado model, this program built off the existing infrastructure of a service year program – this time through the organization [Reading & Math Inc.](#) which has run programs like [Reading Corps](#) and [Recovery Corps](#) – to quickly recruit and support corps members that would serve as case investigators/contact tracers in coordination with the City of Minneapolis Health Department. Corps members would go on to support local contact tracing needs between October 2020 and April 2021.

Along with AmeriCorps programming, additional local models that combined public and private funding to support contact tracing also emerged during this time with a similar focus on meeting urgent needs and supporting and training corps members. Created through a partnership among the city government, foundations, and local implementation partners, the [Baltimore Health Corps](#) (BHC) launched in June 2020 as a citywide effort to equitably recruit and train city residents. The effort primarily focused on recruiting and training those who were unemployed (including as a result of COVID-19), furloughed, underemployed, and/or living in neighborhoods hardest hit by the health crisis to support contact tracing and care coordination needs across the city, with an included focus on workforce development for its corps members.

By utilizing targeted outreach and recruitment practices, BHC was able to recruit a corps that matched the demographics of the city. Among the 275 corps members recruited by January 2021, 85 percent were previously unemployed, furloughed, or underemployed; about 70 percent lived in Baltimore City; and at least 65 percent were Black, Indigenous, and People of Color (BIPOC). Corps members were able to support essential activities including contact tracing, case investigation, and care coordination, which included being able to provide support to individuals quarantining and in need of extra resources and support.

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(2) BHC is not affiliated with AmeriCorps; Service Year Alliance has developed a set of [certification criteria](#) for organizations offering domestic service year programs that are not affiliated with AmeriCorps; BHC was included in Service Year Alliance's learning cohort and this paper due to their strong overlap with the certification criteria and relevant learning for programs that address community needs while offering workforce training.







# Amending the Model to do More: Expanding & adapting programs to support vaccine distribution & equity

While emergent programs that supported contact tracing were already slated to continue into 2021, a new tactic to slow the spread of COVID-19 also materialized at the end of 2020: preparing for vaccine distribution. As the first COVID-19 vaccines received emergency use authorization, communities and states needed to start preparing for local distribution, in particular for ensuring that they would reach priority and underserved populations. Though contact tracing programming would still continue, there was new potential to shift and build programming that could support vaccine distribution during this next phase of the pandemic.

In Pennsylvania, the first of five additional programs for its CCCC launched in early 2021 in Philadelphia through a new [COVID Response AmeriCorps program](#) coordinated by [National Nurse Led Care Consortium](#) (NNCC). NNCC has experience running separate AmeriCorps programming and had helped to pilot an earlier contact tracing program in partnership with the Philadelphia Department of Health and the Public Health Management Corporation, combining expertise in AmeriCorps and in public health. While originally envisioned as a rotational model that included contact tracing as a primary focus, by the time the program got off the ground, the Philadelphia Department of Public Health had identified more pressing needs with ramping up logistical support for vaccine sites and outreach. AmeriCorps members were able to step into roles that included helping to schedule and monitor vaccine patients, and as public health educators to make sure that information about the vaccines and where to get them was available to the public.

The flexibility in allowing AmeriCorps members to adapt their service activities – in many cases as fully new systems were still being developed to support the rollout of vaccines at clinics and mass vaccination sites – helped to ensure that regular clinical services could also run as planned, particularly at health clinics that were already under-resourced and further stretched thin by needing to support vaccine rollout. It was reported that extra logistical support at vaccine sites from AmeriCorps members helped to approximately double the number of people being vaccinated at clinics (4).

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(3) [Early Lessons from the Baltimore Health Corps Pilot](#), pg. 6

Additional CCCC programming in Pennsylvania would go on to launch at four additional programs later in 2021 in Philadelphia, Pittsburgh, and the Lehigh Valley. Among the programs to join this effort was [National Health Corps](#) (NHC), one of the original programs funded by AmeriCorps in 1994. Since that time, NHC has established a proven program model that places AmeriCorps members at partner organizations as health educators and health navigators. Along with expanding its existing presence in Pennsylvania by adding new CCCC AmeriCorps members in the Lehigh Valley as community health workers supporting areas like vaccinations and public health education, NHC launched a new site in Delaware supported by local funds from the [CARES Act](#). The new Delaware program was [announced in January 2021](#) to support local efforts with vaccine dissemination and addressing health inequities. It builds on the National Health Corps program model with an explicit focus on COVID-19 response efforts and includes targeted [recruitment of local residents](#).

[MedServe](#) is another existing health-focused program that expanded its existing service activities to support vaccine distribution and COVID-testing. Based in North Carolina, MedServe already had a direct medical focus in its programming, as the two-year program primarily recruits pre-med students to assist in the delivery of primary care health services and community health outreach at primary clinics, with a goal of helping to ensure that future medical leaders are more connected to local clinics and communities. Since its corps members were serving on the front lines at health clinics, they ended up supporting roles as diverse as assisting with the shift to tele-health during COVID-19; scheduling, registering, and, in some cases, directly vaccinating individuals for COVID-19; helping to provide testing for COVID-19; and more. During the initial ramp-up of vaccine distribution in February, the [North Carolina state service commission](#) also provided authorization to its other grantees in North Carolina to support efforts as clinics, and had a small number of corps members that volunteered to help on top of their normal, day-to-day service activities.

Some programs that normally operate outside of the health space were able to expand their focus to support vaccination efforts as well. In Flint, Michigan – where AmeriCorps members served as a notable part of the [city's recovery in the aftermath of the Flint water crisis](#) – the Flint Urban Safety Corps program run by the United Way of Genesee County was expanded into the [Flint Urban Safety and Health Corps](#).

This included an additional 10 slots for corps members that would include direct service at vaccine clinics, in addition to broadly supporting community access to health resources. In California, 38 AmeriCorps members supporting vaccination and food security efforts were added with the launch of the [Health Action Response Team](#), an expansion of the state's longstanding [AmeriCorps Volunteer Infrastructure Project](#) run through the Napa County Office of Education.

This program expansion was part of a larger partnership formed between AmeriCorps, Encore.org, and CaliforniaVolunteers to [launch an Intergenerational Vaccine Corps](#) engaging 300 AmeriCorps Seniors members to support vaccination efforts for California's most vulnerable community members.

AmeriCorps was also able to broadly mobilize its response strategies used for natural and manmade disasters to support vaccination efforts in response to the COVID-19 pandemic. As the first mass vaccination sites and mobile vaccination clinics were getting set up across the country, [AmeriCorps' disaster response teams \(ADRT\) were deployed](#) to help with site logistics and community outreach. FEMA Corps and ADRT programs like SBP and [Florida Conservation Corps](#) were on the ground at over 100 mass vaccination sites and mobile clinics. Close to 600 AmeriCorps members assisted more than 1 million people in registering for vaccination appointments, conducting outreach in communities adjacent to sites, and providing support throughout the vaccination process.



# Spotlight: Colorado

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In Colorado, a combination of innovative partnerships and an interest in leveraging national service to scale the public health response to COVID-19 led to a substantial scaling up of new AmeriCorps programs to support both the immediate response to COVID-19 in 2020, as well as the longer term response throughout 2021. 862 corps members would go on to serve at least 115,000 Colorado residents through this effort.

The Colorado model highlights a few important aspects of how communities can use national service to scale up response efforts in times of need:

- Creating strong partnerships, including public and private, to support response efforts;
- Building off of the existing infrastructure of AmeriCorps to quickly scale response and adapting program models based on learnings and shifting needs on the ground; and



- Setting up training that supports corps members during service, lends itself to flexibility of service activities, and provides pathways for corps members post-service.

From early on, national service was embedded as a vital component in scaling up the state's response to COVID-19. [Colorado's COVID Containment Response Corps](#) (CCRC) was created through a statewide effort that engaged local public health agencies, nonprofit organizations, and business leaders across the state to contain the spread of COVID-19. Key leaders in this effort included [AmeriCorps](#), the [Colorado Department of Public Health and Environment](#) (CDPHE), [Serve Colorado](#), [Gary Community Ventures](#), [Community Resource Center](#) (CRC), and [Conservation Legacy](#).

A partnership between CDPHE and AmeriCorps helped to navigate the complexity of pulling in multiple streams of AmeriCorps programming – in this case, initially AmeriCorps NCCC, AmeriCorps VISTA and AmeriCorps Seniors – and have programs up and running in a short period of time. Creating this partnership early on as new systems at CDPHE were still being figured out and established ensured that AmeriCorps was embedded from the beginning a key part of the response strategy.

While new service year programs were set up as part of this effort, it also heavily depended on building off the existing infrastructure of AmeriCorps. For the VISTA Summer Associates, CRC and Conservation Legacy had existing staff –

which they were also able to scale up by tapping into their alums – and systems to run separate AmeriCorps programming. As such, they were well equipped to step in and apply their existing experience in recruiting, training, and supervising corps members to meet community needs.

A collaborative recruitment process led to over 1000 applications for the 350 VISTA Summer Associate positions that began mobilization in June 2020, and the AmeriCorps Seniors program was also able to fill 200 positions in just three weeks. Cross promotion for opportunities from all of the program streams utilized a central landing spot – in this case Serve Colorado's website – to ensure unified messaging and minimize drop-off from confusion in the application process.

To help raise awareness and visibility of the effort, Gary Community Ventures also supported producing public service announcements about the opportunity that featured prominent Colorado athletes and government officials.

Private investments also helped to support program accessibility for incoming corps members. To serve in this program, corps members needed to be able to enter data, make calls to individuals who test positive for COVID and their contacts, provide quarantine instructions, and more. In support of this, Gary Community Ventures provided Chromebooks, headsets, and hotspots to corps members to ensure they had the necessary technology.

The impact of the experience on corps members serving was also noticeable. For those surveyed by Conservation Legacy, close to 90% reported that the experience helped them gain new professional skills, and 96% felt their work on this project made a difference in the State of Colorado COVID-19 response. At the conclusion of the summer program, almost all of 100 new temporary, full-time roles created by CDPHE to support ongoing response were filled by alums of the program.

The success and potential of the initial Colorado effort also led to an additional investment of 100 full-year AmeriCorps State and National members, the first of which would begin in early December. With CRC and Conservation Legacy also serving as leads for this effort, they had the added benefit of being able to continue to improve processes created for the summer programming. One of the important lessons learned from the summer effort was that for areas like contact tracing, having additional time for onboarding and cross-training – particularly since case volumes can ebb and flow – helped to ensure that corps members were best prepared for service and could have a meaningful experience.

While contact tracing would continue well into 2021, CRC and Conservation Legacy would also go onto adapt service to support needs for vaccine equity and outreach. In addition to its corps members serving virtually, CRC would add [eight vaccine equity AmeriCorps members](#) that served with local organizations across the state of Colorado in support of containment efforts and the advancement of vaccine equity initiatives through outreach and education. Corps members have completed home visits, canvassed at community resource centers, disseminated culturally responsive vaccine educational materials, assisted patients in making COVID vaccine appointments, supported patient outreach and follow up with COVID vaccine appointments, and more.

Though CCRC AmeriCorps programming was originally slated to wind down in September 2021, based on interest and a need from CDPHE in obtaining additional support, another 23 AmeriCorps members were recruited by CRC to serve full-time for an additional nine weeks at the end of 2021 in areas such as vaccine outreach, setting up vaccine clinics, scheduling community testing, support of long term care facilities, case data and evaluation tracking, and other COVID containment response efforts as needed based on outbreaks and/or demand for specific containment efforts. As with CRC's vaccine equity and full-year corps members, these recruits were all local residents of Colorado.

# Final Learnings

The response to COVID-19 demonstrated the capability of national service organizations to adapt and expand existing programs to meet urgent public health needs; to stand up new programs that could work in partnership with local health agencies and community organizations; and to step up as a valuable resource in both the immediate response to COVID-19 through supporting contact tracing and related activities, and the longer-term recovery through supporting efforts for vaccine distribution and equity.

In the public health field specifically, the ability to build off both longstanding and the newest public health national service programs will be further realized by a welcome federal investment of [\\$400 million through a partnership between the CDC and AmeriCorps](#) to create Public Health AmeriCorps. This initiative will help new and existing service year organizations tap into the power of national service as a tool to meet urgent public health needs in communities while preparing their corps members with valuable workforce skills.

More generally, the involvement of national service in the public health response to COVID-19 from 2020-2021 speaks to the potential of tapping into service years as an essential response strategy for emergent community needs. Whether corps members are responding to natural or manmade disasters, public health emergencies, or other pressing issues, communities can effectively embed national service in the response and recovery period that follows.

Among the lessons embedded in this report that can help national service be utilized a valuable response strategy for states and communities are:

(1) Building partnerships, including public and private: Partnerships among state service commissions, service year programs, local government agencies, and the private sector were at the heart of creating and funding innovative new opportunities for corps members to safely respond to COVID-19; ensuring that corps members had all of the tools necessary to serve; in helping to coordinate an expedited turnaround of recruitment for new corps members; and in making sure that corps members received adequate training and support to complete service activities and were receiving general support and professional development during their experiences.



The COVID-19 pandemic presented new opportunities for national service organizations, community organizations, foundations, and local government agencies to work together. The more these partnerships can be built out in advance and expanded upon, the better equipped communities will be to work together and tap into national service during times of need.

(2) Flexibility in program models and surge capacity: States having the flexibility to redeploy corps members in times of crisis can help to ensure that national service can be utilized for immediate response, and creates opportunities for building partnerships in advance of crisis situations. Cross-training corps members in multiple areas can also ensure that they are prepared for surge capacity needs, and that corps members are receiving additional training and skill development so that they are able to make the most meaningful contribution as needs on the ground potentially shift during their term of service.

(3) Intentional recruitment: Almost all of the service year opportunities highlighted in this paper were able to be filled by individuals with a high school diploma or GED. Ensuring that entry requirements for positions match only the incoming skills needed to perform service activities helps to ensure that opportunities are accessible to a diverse range of individuals who can help to respond and benefit from serving.

Additionally, recruitment strategies that have a full or partial focus on local recruitment helps to ensure that community members have an opportunity to support local recovery in their own communities while gaining valuable career skills.

National service will continue to play an important role in responding to community needs, and states and communities can benefit from being better prepared to leverage it in times of crisis.

# About Service Year Alliance

Service Year Alliance is working to make a year of paid, full-time service – a service year – a common expectation and opportunity for all young Americans. We envision a future in which national service – including civilian, military, and public service – is part of growing up in America. To reach this vision, national service must exist at scale, engaging at least one million young Americans in civilian national service annually. It must address America's unmet needs, bridge divides, be an opportunity for all, and build pathways to long-term success for individuals who serve. Learn more at [ServiceYearAlliance.org](https://ServiceYearAlliance.org).

# Acknowledgements

[Cisco](#) provided generous support that allowed Service Year Alliance to convene a COVID-19 Response and Recovery learning cohort from May 2020 through September 2021 that included representatives from state service commissions and service year programs that led efforts to utilize service year corps members in the public health response to COVID-19. The learning cohort had an initial focus on programs that supported contact tracing and related efforts, and expanded in 2021 to include additional collaboration on using service year corps members to support efforts in vaccine distribution and equity.

Service Year Alliance would like to thank all of the organizations that participated to share real-time and reflective learnings, ideas, successes, and challenges throughout this process. Organizations that regularly worked to collaborate and share learnings, updates, and progress during this time included: [AmeriCorps](#), [OneStar](#), [PennSERVE](#), [Serve Colorado](#), [Conservation Legacy](#), [Community Resource Center](#), [Reading & Math Inc.](#), [SBP](#), [Baltimore Corps](#), [National Health Corps](#), and [MedServe](#).