

Member Files

Member files are very important to your program's success. Access to Member files should be limited to appropriate program staff and the Missouri Community Service Commission (MCSC). Member files may be stored electronically if the program can ensure that the validity and integrity of the record is not compromised. Refer to the Missouri Community Service Commission's Policies and Procedures.

Programs must obtain and maintain documentation as required to support all program requirements. Also, records must maintain sufficient documentation to establish that each Member is and was eligible to participate and, that the Member successfully completed all requirements.

The Member file should include all the items included on the Member file checklist. Following the checklist is a sample Member file. This sample Member file includes the requirements of the file, in order to prevent findings on your Program's site visit. It also includes samples of what that requirement may include.

Programs may either create new files for second, third, and fourth year Members or you may consolidate each year of service; however, ensure that each year is clearly marked and separated in the consolidated folder.

If access to files and/or documentation is restricted to specified personnel due to agency policies, it should be noted in the Member file. MCSC Program Officers will still need to verify that all documentation is secured for each Member.

SECTION I

Missouri Community Service Commission
MEMBER FILE CHECK LIST

2016- 2017 Member File Checklist

MEMBER APPLICATION, ENROLLMENT, & CONTRACT REQUIREMENTS	
AmeriCorps Member Application	
Member Enrollment Form (Must be signed and dated by Member and program official before Member commences service)- (if applicable)	
High School Diploma or GED Certification (May show proof that Member is working towards obtaining GED)	
Written Parental Consent or Parental Consent Form (If Member is < 18 years of age)	
Member Contract (Must be signed and dated by Member prior to start of service)	
AmeriCorps Publicity Release and Right to Photograph	
PROOF OF CITIZENSHIP	
I-9 Form	
Birth Certificate/Passport, Photo ID, Social Security Card, Naturalization Certificate or other documentation as outlined in 2522.200	
BACKGROUND CHECKS	
Criminal record check initiated by member start date (Missouri and FBI check)	
Other state criminal background check; i.e., criminal record checks in which the Member resided upon application to the program (if applicable)	
National sex offender registry check	
Proof of accompaniment (if applicable)	
Results of background check in separate locked file	
MSHP Clearance Form (applicable only to those who use MOVECHS)	
BENEFITS/TAXES	
Health Insurance Documentation or Waiver (Full-time or Half-time Members serving in a full-time capacity)	
Child Care Documentation (If applicable)	
Federal W-4	
State W-4	
W-2 Form	
Loan forbearance form (if applicable)	
CERTIFICATIONS OF TRAINING	
First Aid	
CPR	
Disaster Response	
Citizenship	
EVALUATIONS & OTHER MISCELLANEOUS	
Mid-Term Performance Evaluation (Half-Time or Full-Time Members)	
End-of-Term Performance Evaluation completed	
End-of-Term Exit Form (Must be signed and dated)- (if applicable)	
Documentation of Compelling Circumstances (If applicable)	
Change of Status/Change of Term Form (If applicable)	
Record(s) of any Disciplinary Actions, Suspensions, or Fines (If applicable)	
If the Member received a pro-rated education award, is there documentation of compelling personal circumstances?	
MEMBER EXITS	
Enrollment & Exit forms reflect the same term of service	
If Enrollment and Exit forms do not reflect the same term of service, is there an approved Change of Status form in the file that reflects the appropriate conversion?	
Did the conversion take place within the first 3 months of the Member's term?	
If not, is there evidence of Grantee and Corporation approval?	

SECTION II

AMERICORPS MEMBER APPLICATION

>>developed by the AmeriCorps program<<

Include the original Member Application in the Member file. You may use the following alternatives as an application:

- ▶ The provided AmeriCorps application;
- ▶ An application designed by the program;
- ▶ A formal resume/cover letter; or
- ▶ A printed on-line application.

For those Members returning for an additional year of service with your program, you have the option to 1) create a new file or 2) consolidate the file with identifying tabs of each program year. The newly create file must include the original application. If consolidating the files, the original application should be filed under the current program year that the Member is serving.

***Note:** all applications must include references collected to attest to the Member's skills, aptitudes, and abilities. Candidates should not be considered or selected as Members without at least two references.*

AMERICORPS APPLICATION

11. Which AmeriCorps program are you applying to? Check only one. If you are applying to more than one AmeriCorps program, fill this in after you copy your application. Enter the program information on each application.

AmeriCorps*NCCC (National Civilian Community Corps)

Members ages 18 to 24 serve in a 10-month team-based residential program to complete a variety of service projects in the areas of education, disaster services, the environment, and other unmet needs. Members often travel to projects throughout their region.

Fall Class (September/October start dates) Winter Class (January start dates)

AmeriCorps*VISTA (Volunteers in Service to America)

Members provide indirect service through private organizations and public nonprofit agencies, addressing issues related to poverty—such as public health, education, the environment, public safety, and employment—by developing and mobilizing resources that create long-term sustainable benefits at a community level.

Program Name _____

Program Address _____

AmeriCorps*State and National

Members serve either in teams or individually through national and community-based private and public organizations. Members help solve community problems through direct and indirect service, in the areas of education, public safety, the environment, and other human needs, such as health and housing.

Program Name _____

Program Address _____

EDUCATION

12. Check the highest level of education that you will have completed by the time you are planning to serve in AmeriCorps. (Check only one.)

- Some high school Associate's degree Graduate degree
 High school diploma or GED Some college Other (please specify): _____
 Technical school/Apprenticeship Bachelor's degree

13. List all schools after high school that you have attended, including trade or technical schools, military training and employment training programs.

Name of School (List most recent first)	Location of School (City/State)	Dates Attended		Major or Area of Study	Type of Degree or Certificate	Date Received or Expected
		From Mo./Yr.	To Mo./Yr.			
A. _____						
B. _____						
C. _____						
D. _____						

AMERICORPS APPLICATION

COMMUNITY SERVICE (Previous service is not always a requirement.)

14. Describe how you have reached out to help others and/or how you have been involved in your own community. Explain why you decided to serve or get involved, and what you received in return—that is, what you learned or how it made you feel. Think in broad terms. List your most recent activity first. Attach a separate sheet of paper if you need more space. (Your involvement could include serving in neighborhood, school, religious, social, professional, or other volunteer groups; helping out with community service projects; or participating in less formal activities.)

A. DATES OF INVOLVEMENT: From: _____ To: _____ Hours per mo.: _____
MONTH/YEAR MONTH/YEAR

Organization Name: _____ Location: _____ Phone: _____

Description of Involvement: _____

B. DATES OF INVOLVEMENT: From: _____ To: _____ Hours per mo.: _____
MONTH/YEAR MONTH/YEAR

Organization Name: _____ Location: _____ Phone: _____

Description of Involvement: _____

15. Have you previously served in AmeriCorps? Yes No

How many times in each of the programs?

AmeriCorps*VISTA _____ AmeriCorps*NCCC _____ AmeriCorps*State and National _____

Program or AmeriCorps*NCCC Campus

Location: _____ From: _____ To: _____
CITY/STATE MONTH/YEAR MONTH/YEAR

Did you complete your term of service? Yes No

If no, why not? _____

AMERICORPS APPLICATION

MOTIVATIONAL STATEMENT

16. We would like to understand more about you and your reasons for applying to AmeriCorps. Take a few minutes and consider those experiences which have made you the person you are today. Please share with us one of these experiences and how it sparked your interest in community service. If you need additional space, attach a separate piece of paper and limit your total response to 500 words.

EMPLOYMENT

17. Beginning with the most current or most recent position, list and briefly describe the last four positions you have held or your last ten years of employment you have held. Begin with the current or most recent and go back ten years. Include self-employment, internships/fellowships, home management, and full- or part-time paid or unpaid work experience. (You may attach a resume instead if it addresses the information requested below.)

NAME AND ADDRESS OF EMPLOYER	DATES	JOB TITLE AND DUTIES
<p>A. Organization, City/State:</p> <p>_____</p> <p>_____</p> <p>Supervisor: Phone and email</p> <p>_____</p>	<p>From: ____/____</p> <p style="text-align: center;">MO./YR.</p> <p>To: ____/____</p> <p style="text-align: center;">MO./YR.</p> <p>Hrs./week: _____</p>	<p>Title: _____</p> <p>Duties: _____</p> <p>_____</p> <p>Reason for leaving: _____</p> <p>_____</p>
<p>B. Organization, City/State:</p> <p>_____</p> <p>_____</p> <p>Supervisor: Phone and email</p> <p>_____</p>	<p>From: ____/____</p> <p style="text-align: center;">MO./YR.</p> <p>To: ____/____</p> <p style="text-align: center;">MO./YR.</p> <p>Hrs./week: _____</p>	<p>Title: _____</p> <p>Duties: _____</p> <p>_____</p> <p>Reason for leaving: _____</p> <p>_____</p>

AMERICORPS APPLICATION

NAME AND ADDRESS OF EMPLOYER	DATES	JOB TITLE AND DUTIES
C. Organization, City/State: _____ _____ Supervisor: Phone and email _____	From: ____/____ MO./YR. To: ____/____ MO./YR. Hrs./week: _____	Title: _____ Duties: _____ _____ Reason for leaving: _____ _____
D. Organization, City/State: _____ _____ Supervisor: Phone and email _____	From: ____/____ MO./YR. To: ____/____ MO./YR. Hrs./week: _____	Title: _____ Duties: _____ _____ Reason for leaving: _____ _____

18. Explain any period of time greater than six months not accounted for by AmeriCorps, Peace Corps, work, school, or military service. Or, explain why you have no employment history. _____

SKILLS AND EXPERIENCE

19. Listed below are skill areas that some programs find useful and may seek in AmeriCorps applicants. Indicate the skill areas in which you have had training or experience, including volunteer or community service experience, and indicate how you gained those skills.

EXAMPLE: Public Speaking – Club President _____

- | | |
|---|---|
| <input type="checkbox"/> Architectural Planning _____ | <input type="checkbox"/> Leadership _____ |
| <input type="checkbox"/> Business/Entrepreneur _____ | <input type="checkbox"/> Medicine _____ |
| <input type="checkbox"/> Communications _____ | <input type="checkbox"/> Outreach _____ |
| <input type="checkbox"/> Community Org./Development _____ | <input type="checkbox"/> Public Health _____ |
| <input type="checkbox"/> Computers/Technology _____ | <input type="checkbox"/> Public Speaking _____ |
| <input type="checkbox"/> Conflict Resolution _____ | <input type="checkbox"/> Recruitment _____ |
| <input type="checkbox"/> Counseling _____ | <input type="checkbox"/> Teaching/Tutoring _____ |
| <input type="checkbox"/> Education _____ | <input type="checkbox"/> Trade/Construction _____ |
| <input type="checkbox"/> Fine Arts/Crafts _____ | <input type="checkbox"/> Writing/Editing _____ |
| <input type="checkbox"/> First Aid _____ | <input type="checkbox"/> Youth Development _____ |
| <input type="checkbox"/> Fundraising/Grant Writing _____ | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Law _____ | |

AMERICORPS APPLICATION

CRIMINAL HISTORY

The AmeriCorps application process requires a criminal history check to ensure community members with whom we work are protected, particularly children, individuals with disabilities, and individuals over 60 years old.

We are investigating for past sexual offenses and violent crimes, or crime that would have a direct bearing on your service.

This background check will entail our search of the National Sex Offenders Registry and an FBI criminal history check, which will require your being fingerprinted at Pre-Service Orientation.

You will not be permitted to serve or work with children, individuals with disabilities, or individuals over 60 years of age, without supervision until the history check is complete and you are cleared. The review process is not lengthy, and normally is completed within weeks.

Answer the following questions fully. Existence of a criminal conviction or juvenile adjudication may or may not, depending on the circumstances, disqualify you from consideration. However, any intentional misrepresentation or omission will disqualify you. Do not include minor traffic violations.

24. **Have you ever been convicted as an adult, or adjudicated as a juvenile offender, of any criminal offense by either a civilian or military court, other than minor traffic violations?** Yes No

Are you currently facing charges for any offense or on probation or parole? Yes No

If no, skip to "Certification" below.

If you answered yes to any of the questions above, please provide the following information:

Date: _____ Place: _____
MONTH/DAY/YEAR CITY STATE

Charge: _____

Action Taken: _____

Court, Probation, or Parole Officer: _____ Phone: (____) _____

NAME: _____

Address: _____
NUMBER AND STREET

CITY STATE ZIP CODE

You may attach any additional information or explanation on a separate sheet.

AMERICORPS APPLICATION

CERTIFICATION

If you choose to submit a paper application, your application must be certified with your original signature in ink. If you are applying to more than one AmeriCorps program, make a copy for each program that you're applying to first, and then sign each one.

By signing this application, or by submitting it electronically if applying on-line, I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge, and are made in good faith. Misinformation or omission of information could result in disqualification or termination as an AmeriCorps member. If I am selected for participation in some AmeriCorps programs, including AmeriCorps*NCCC, I may be required to submit to a physical examination, including drug or alcohol testing. Background and security checks may also be conducted by some programs.

PRIVACY ACT NOTICE: The Privacy Act of 1974 (5 U.S.C § 552a) requires that the following notice be provided to you: The authority for collecting information from you in this application is contained in 42 U.S.C 12592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C 4953 of the Domestic Volunteer Service Act of 1973 as amended. You are advised that submission of the information is entirely voluntary, but the requested information is required in order for you to participate in AmeriCorps programs.

The principal purpose for requesting this personal information is to process your application for acceptance into an AmeriCorps program, and for other general routine purposes associated with your participation in an AmeriCorps program. These routine purposes may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests, to present and former employers, references provided by you in your application, and educational institutions, for the purpose of verifying the information provided by you in your application. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information will not otherwise be disclosed to entities outside of AmeriCorps and the Corporation for National and Community Service without your prior written permission.

SIGNATURE

DATE

Print Name: _____



The Corporation for National and Community Service programs are available to all without regard to race, color, national origin, disability, age, gender, sexual orientation, religion, political affiliation, or other non-merit factors. Anyone believing he or she has been subjected to discrimination on these grounds by the Corporation for National and Community Service, AmeriCorps, or one of its grantees may contact our Office of Civil Rights and Inclusiveness at (202) 606-7503 or email at eo@cns.gov.

RELATIONSHIPS WITH OTHER PEOPLE

- 3. AmeriCorps members must serve and communicate with people of varied cultural, economic, educational, racial, and religious backgrounds. Please comment briefly on the applicant's relationships with others and ability to work as a member of a team.

EMOTIONAL MATURITY

- 4. Please comment on the applicant's ability to adapt and work under difficult and changing conditions.

ADDITIONAL COMMENTS AND SUPPORTING INFORMATION

- 5. If you wish, use additional paper to explain any of your ratings, and anything else about this applicant that you feel is relevant to serving in AmeriCorps-such as the applicant's desire to serve others, maturity, work ethic, flexibility, and dependability. Explain any reservations that you have regarding the applicant's participation in the AmeriCorps program to which he or she has applied.

OVERALL RECOMMENDATION

- 6. What is your overall recommendation?
 - I recommend the applicant for AmeriCorps service.
 - I have some reservations, but I believe the applicant will succeed in serving with AmeriCorps.
 - I do not recommend this applicant for AmeriCorps service.

CONFIDENTIALITY STATEMENT

- I AUTHORIZE the program and/or the Corporation for National and Community Service to identify me as the source of this reference and to release a copy of this reference in its entirety upon request to the applicant.
- I DO NOT authorize the program and/or the Corporation for National and Community Service to identify me as the source of this reference, nor do I authorize the release of a copy of this reference in its entirety to the applicant.

Your Signature: _____

**PLEASE RETURN THIS FORM, IN AN ENVELOPE SIGNED
ACROSS THE SEAL, DIRECTLY TO THE APPLICANT.**

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Your Signature: _____

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AMERICORPS APPLICATION

OPTIONAL INFORMATION

HOW DID YOU FIRST HEAR ABOUT AMERICORPS? You may check more than one.

- AmeriCorps representative
(service/career fair, conference, information session)
- Armed Forces
- Current or former AmeriCorps member
- Friend/Relative
- Internet/Listserv/E-mail
- Newspaper/Magazine advertisement
- Other service organization
- Radio story
- Television advertisement
- Poster at school
- College guidance office/Placement office
- Department of Education
- High school guidance counselor
- Newspaper/Magazine article
- Peace Corps
- Radio advertisement
- Received information in the mail
- Television news story
- Other (specify) _____

WHAT IS YOUR ETHNICITY? Hispanic or Latino Not Hispanic or Latino

WHAT IS YOUR RACE? Mark one or more:

- American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American.** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

SECTION III

NATIONAL SERVICE TRUST ENROLLMENT FORM

>>CNCS form<<

In a continued effort to reduce paper forms and ensure the collection of complete Member demographics, CNCS is requesting programs to have Members complete the enrollment and exit forms in the My AmeriCorps Portal. To do this, you will need to “invite” your incoming Members (using their current email address) in My AmeriCorps Portal. The system will send them a link to complete Parts I and II of the enrollment form online. The exit form becomes available in the Member’s Portal account as the exit date is approaching.

All Competitive recipients and sub-recipients that wish to utilize staff Portal enrollments and exits without Members completing enrollment and exit forms must send a request to their CNCS Program Officer. (Sub-recipient requests should be submitted by the Missouri Community Service Commission.) Requests will be approved in cases where the recipient or sub-recipient is able to demonstrate that technological limitations make it impossible or extremely burdensome for Members to complete their own enrollment and exit forms in the Portal. Technological limitations would include a lack of internet access, computer and/or cell phone, or a Member population with low computer literacy skills that cannot be addressed through training or technical assistance. For formula programs, you may send a request to the Missouri Community Service Commission for review and determination of allowing paper enrollment and exit forms. **Approved waivers are valid for one year only. You must re-apply for a waiver each year as necessary.**

Enrollments and exits must be performed each program year for returning Members.



National Service Trust Enrollment Form



Completion of this form is required to enroll a serving member in the National Service Trust, making the member eligible for an education award upon successful completion of his or her term of service. It also provides the Corporation for National and Community Service with basic demographic data.

PART 1 **Member: Please Complete and Sign**

1. **Name** _____
 Last _____ First _____ MI _____

2. **Date of Birth** _____ **3. Social Security Number** _____
 Month _____ Day _____ Year _____

4. **Citizenship Status** I am a U.S. Citizen or National * I am a Lawful Permanent Resident Alien of the United States **

*Citizens of the US include persons born in Puerto Rico, Guam, the US Virgin Islands, and the Northern Mariana Islands. Nationals of the US include persons born in America Samoa, including Swains Island.

**Generally, you are a Lawful Permanent Resident Alien of the US if you are a US permanent resident with (i) a Permanent Resident Card, INS Form I-551; (ii) an Alien Registration Receipt Card, INS Form I-551, (iii) a passport indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence; or (iv) an I-94 indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence. NOTE: A student visa does not confer eligibility to enroll in an AmeriCorps program.

5. **School Status** I have received a high school diploma or its equivalent
 I agree to obtain a high school diploma or its equivalent before using my educational award, and I did not drop out of elementary school or secondary school to enroll in the program.

6. **Current Address** (All information will be sent to you at this address until you notify the Corporation of a change of address.)

Number and Street _____
 City _____ State _____ Zip Code _____
 Email Address _____
 Home Phone _____ Business Phone _____ Ext _____

7. **Permanent Address** (Name and address of person through whom you can always be reached once you leave the program.)

Last _____ First _____ MI _____
 Number and Street _____
 City _____ State _____ Zip Code _____
 Email Address _____
 Home Phone _____ Business Phone _____ Ext _____

8. Have you previously enrolled in an AmeriCorps, Silver Scholar, or Serve America Fellow Program? No Yes How many times? _____

9. Have you ever been released 'for cause' by any AmeriCorps, Silver Scholar, or Serve America Fellow program? No Yes .

10. **Education Award Limitations. I understand** that I may not receive more than the aggregate value of two full-time education awards and that upon successful completion of the term of service, I will receive only that portion of the education award for which I am eligible, which may be all or a part of an education award, or no education award, pursuant to 45 CFR § 2526.55

PART 2 **Member Enrollment Certification**

By signing this enrollment form I agree, if asked, to provide documentation to verify the accuracy of the information I have provided in this form. I understand that a knowing and willful false statement on this form can be punished by one or more of the following: a fine or imprisonment or both under Section 1001 of Title 18, U.S.C., exclusion from participation in federal programs, and forfeiture of benefits I may receive as a result of my enrollment or other actions authorized by the Civil Fraud Remedies Act, 31 USC 3801-3812.

Member's Signature _____ **Date** _____

PART 3**Member: Please Answer the Following Questions**

1. **What is your gender?**
 Female Male
2. **Are you registered to vote?**
 Yes
 No
 Not sure
 Not eligible
 Prefer not to respond
3. **Which of the following categories best describes your racial (mark one or more) or ethnic origins (mark one)**
A. Race
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 Black or African American
 White
 Asian
 Other
B. Ethnicity
 Hispanic or Latina/o
 Not Hispanic or Latina/o
4. **What is the highest level of education you have completed?**
 Less than high school completed
 GED
 High school graduate
 Technical school/apprenticeship/vocational
 Some college
 Associates degree (AA)
 College graduate
 Some graduate school
 Graduate degree
 Professional degree (medical, law)
5. **Are you a veteran of the United States Armed Forces?**
 Yes No
6. **What are the two most important reasons why you decided to join this program?**
 To get an education award
 To help other people/perform a community service
 To be part of a national movement
 To get a job/earn money
 Friends have joined
 To make friends
 To learn about or work with different ethnic/cultural groups
 Parents/teachers wanted me to join
 To explore future job/education interests
 To get involved in health issues
 To get involved in education issues
 To get involved in environment issues
 To get involved in public safety issues
 Other (Specify: _____)
7. **How did you hear about this program? (Mark all that apply.)**
 Article
 Advertisement in a newspaper/magazine
 Guidance counselor/teacher
 Parent/relative
 Current or former AmeriCorps Member
 Friend told me/friend applied
 TV commercial
 Radio commercial
 The internet
 AmeriCorps recruiter/representative
 Received information in the mail
 AmeriCorps program poster
 Other (Specify: _____)
8. **Privacy Act Information Release**
 Yes, I give the Corporation for National and Community Service permission to release my name, address, email and telephone number to the AmeriCorps Alumni Association.

Public reporting burden -- Estimated time to complete this form, including time for reviewing instructions and gathering and providing the information needed to complete the form, is 3 minutes for the Member section and 4 minutes for the Certifying Official section. Send comments regarding this burden or the content of this form to: Corporation for National and Community Service, National Service Trust, 1201 New York Avenue, NW, Washington, DC 20525. The Corporation informs the potential persons who are to respond to this collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number on this page of the form (see 5CFR 1320.5(b)(2)(1))

Privacy Statement -- In compliance with the Privacy Act of 1974, the following information is provided: The collection of this information is authorized by the provisions of the National and Community Service Act of 1990, by the National and Community Service Trust Act of 1993, and the Serve America Act of 2009. The primary purpose of the information is to obtain from AmeriCorps program representatives their data to successfully enroll a member in a term of service and the education award program. The evaluative information will help the Corporation improve its programming and services to members. Information may also be provided to federal, state, and local agencies for law enforcement purposes. The information may be shared with other agencies, such as the Social Security Administration, through computer matching agreements for the purpose of verifying identity and citizenship status information provided by you in this document. Information will not otherwise be disclosed outside the Corporation without written permission. The Internal Revenue Service has determined that the education award is taxable in the year it is used. Your Social Security Number (SSN) is solicited under the authority of the Internal revenue Code (28 U.S.C. 6011© and 6109) for use as a taxpayer identification number. Failure to disclose the SSN or any other information may result in a denial of your receiving an education award or it may delay the processing of your education award. In furtherance of the Corporation's efforts to ensure that the programs are inclusive of persons with disabilities, your Social Security Number may be released to the Social Security Administration to measure aggregate statistical data on the number of AmeriCorps members receiving disability-based benefits. If you do not wish your personal information to be included in this research, mark "prefer not to respond" under question 6.

OMB Approval No.3045-0006

PART4

Enrollment Certifying Official: Please Complete and Sign

1. Type of Enrollment (Mark only one.)

- Full-time (1700 hours per year or 365 days for VISTA)
- Half-time (900 hours in up to 2 years)
- Reduced half-time 675 hours
- Quarter time 450 hours
- Minimum time/Summer 300 hours

2. Is the member enrolling in an education award only position (i.e. received no Corporation-funded living allowance or benefits)?

- Yes
- No

3. Will the member receive a living allowance?

- Yes
- No

4. Award

award amount: _____

5. Type of Program

- AmeriCorps National Direct
- AmeriCorps State
- AmeriCorps Tribe
- AmeriCorps Territory
- AmeriCorps National Civilian Community Corps
- AmeriCorps Education Award Program
- AmeriCorps Serve America Fellows
- AmeriCorps America Reads
- AmeriCorps Governor's Initiative
- AmeriCorps VISTA
- Silver Scholars
- Other (Specify):

6. Program Information

Name of Program or AmeriCorps NCCC Campus _____

Operating Site I.D. Number _____

Number and Street _____

City _____ State _____ Zip Code _____

Business Phone _____ Ext _____

I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C or other actions authorized by the Civil Fraud Remedies Act, 31 USC 3801-3812.

Signature of Certifying Official _____ **Date** _____

Name of Certifying Official (Please Print): _____

SECTION IV

PARENTAL CONSENT FORM

>>developed by the AmeriCorps program<<

Parental or legal guardian consent must be obtained for Members under 18 years of age before Members begin a term of service. The consent must be in written form. You may also include an informed consent form as part of the Member contract.



AmeriCorps

Parental Consent Form

FOR PARENT OF GUARDIAN OF MEMBERS UNDER 18 YEARS OF AGE:

I, the undersigned parent/guardian of _____ (**Member Name**) understand the responsibilities and benefits associated with AmeriCorps. I authorize my son/daughter/legal ward to participate in AmeriCorps including educational, training, and service-related activities provided by the AmeriCorps program.

I authorize the exchange of information between the AmeriCorps sponsor, the _____ (**AmeriCorps Program Name**) and the Corporation for National and Community Service which is relevant to successful participation in the AmeriCorps program.

I grant permission for the AmeriCorps sponsor to provide or arrange the necessary medical assistance for my son/daughter/legal ward if I cannot be immediately reached in the event of an accident or illness. I have listed any illnesses, allergies, medical conditions or disabilities that might affect participation in the AmeriCorps program or require medical attention.

Signature of Parent/Guardian

Date

Please Print:

Name: _____

Address: _____

City/State/Zip: _____

Daytime Telephone Number: () _____

Evening Telephone Number: () _____

SECTION V

MEMBER CONTRACT

>>MCSC document<<

Member contracts must be signed and dated prior to or on the first day of service. All Members must sign new contract for each program year.

Blue ink is required for all signatures.

IMPORTANT NOTICE

AMERICORPS MEMBERS ARE NOT PERMITTED TO COMMENCE SERVICE UNTIL THIS CONTRACT HAS BEEN SIGNED BY BOTH THE AMERICORPS MEMBER AND THE PROGRAM DIRECTOR. THE MISSOURI COMMUNITY SERVICE COMMISSION WILL NOT REIMBURSE FOR ANY FINANCIAL DISBURSEMENTS MADE OR EXPENSES INCURRED IN RELATION TO MEMBER COSTS PRIOR TO THE EXECUTION OF THIS AGREEMENT.



2015-2016

AmeriCorps Member Service Contract

[INSERT WELCOME LETTER here.

This is an opportunity to welcome the Member, and impart a bit of Program -specific "personality" before the actual contract begins.]

I. Purpose

It is the purpose of this Agreement to delineate the terms, conditions, and rules of membership regarding the participation of [MEMBER_NAME] (hereinafter referred to as the "MEMBER") in the [PROGRAM_NAME] AmeriCorps Program (hereinafter referred to as the "PROGRAM"). This PROGRAM is available to all, without regard to race, color, national origin, disability, age, sex, political affiliation, or, in most instances, religion.

II. Minimum Qualifications¹

The MEMBER certifies that he/she meets the following criteria:

1. Is a U.S. citizen, U.S. national, or lawful permanent resident alien of the United States;
2. Is at least 17 years of age at the commencement of service unless the MEMBER is out of school and enrolled in a full-time, year-round youth corps or full-time summer program as defined in the National and Community Service Act of 1990 (42 U.S.C. §12572 (a)(3)(B)(x)), in which case he or she must be between the ages of 16 and 25, inclusive; and
3. Has a high school diploma or its equivalent, or agrees to obtain a high school diploma or its equivalent (unless this requirement is waived based on an individual education assessment conducted by the PROGRAM) and the individual did not drop out of an elementary or secondary school to enroll in the program, or is enrolled in an institution of higher education on an ability to benefit basis and is considered eligible for funds under 20 U.S.C. §1091.

III. Terms of Service²

A. DATES OF SERVICE

The MEMBER's Term of Service begins on [START_DATE] and ends on or around [END_DATE].

The PROGRAM and the MEMBER may agree, in writing, to extend this Term of Service for the following reasons:

1. The MEMBER's service has been suspended due to compelling personal circumstances.
2. The MEMBER's service has been terminated, but a grievance procedure has resulted in reinstatement.

B. MINIMUM HOURS

¹ Subpart B – Participant Eligibility, Requirements, and Benefits, 45 C.F.R. §2522.200

45 C.F.R. §2522.910 What basic qualifications must an AmeriCorps Member have to serve as a tutor?

² 2012 AmeriCorps State and National Grant Provisions, Section IV.D, SUPERVISION AND SUPPORT

The MEMBER will complete a minimum of [MIN_HOURS] hours of service for a period of [NO_MONTHS].

C. SUCCESSFUL COMPLETION REQUIREMENTS

The MEMBER understands that to successfully complete the Term of Service (*as defined by the PROGRAM and consistent with regulations of the Corporation for National and Community Service (the CORPORATION)*) and to be eligible for the education award, he/she must satisfactorily complete at least [MIN_HOURS] hours of service and satisfactorily complete pre-service training and the appropriate education/training that relates to the MEMBER's ability to perform service.

The PROGRAM may temporarily suspend a MEMBER for disciplinary reasons, such as chronic tardiness, as outlined in Section VI.D of this Agreement. A period of suspension does not count toward a MEMBER's required service hours. Further, Members who are suspended for disciplinary reasons may not receive a living allowance for the suspension period, in accordance with written policies and procedures of the PROGRAM.

The MEMBER also understands that the following specific training requirements and/or other service activities must be completed satisfactorily (as deemed by the PROGRAM Director) in order for the MEMBER to be eligible for the education award:

Orientation – The PROGRAM must conduct an orientation for Members. All AmeriCorps Members are required to participate in PROGRAM orientation provided by the PROGRAM Director prior to initiating service activities. This orientation should be designed to enhance member security and sensitivity to the community. Orientation should cover Member rights and responsibilities, including the PROGRAM's code of conduct, prohibited activities (including those specified in the regulations), requirements under the Drug-Free Workplace Act (*41 U.S.C. 701 et seq.*), suspension and termination from service, grievance procedures, sexual harassment, other non-discrimination issues, and other topics as necessary. This orientation will provide critical information regarding the MEMBER's responsibilities and rights, the PROGRAM's policies and procedures, and service expectations. Time in orientation will be counted as training hours.

Trainings - Pursuant to an agreement between the CORPORATION and the Federal Emergency Management Agency (FEMA), the MEMBER may be requested to provide assistance in the event of a natural or other disaster. As part of its commitment to community service, the PROGRAM agrees to certify the MEMBER in First Aid and CPR, and to require the MEMBER to attend emergency response training. It is STRONGLY RECOMMENDED that Members receive these trainings and certifications within the first quarter of the MEMBER's Term of Service. This could include firefighter certification, community emergency response training, donations management, and family services. The types of events that could impact Missouri include tornadoes, earthquakes, floods, and other weather related events, and man-made events such as hazardous materials accidents.

Based on the nature of the disaster, the MEMBER may be trained to assist with any of the following activities: community preparedness education, first aid, damage assessment, and other disaster-related activities. The MEMBER may be requested to provide assistance anywhere in the State of Missouri.

Citizenship Curriculum - Citizenship training will be offered by the PROGRAM Staff. The MEMBER is required to attend and complete the citizenship curriculum in full.

AmeriCorps Service Projects - The PROGRAM acknowledges the need for the MEMBER to engage in service opportunities beyond his/her direct service (*as listed in Section IV of this Agreement, under "Position Description"*). The PROGRAM will coordinate service opportunities for the MEMBER and service recipients throughout the program year. These opportunities may commemorate National Days of Service, such as Martin Luther King Day of Service and AmeriCorps Week. Time in service projects may be counted as service hours.

[Insert any training requirements or other service requirements specific to your PROGRAM here.]

D. FUNDRAISING³

The MEMBER may raise resources directly in support of the PROGRAM'S service activities. Examples of fundraising activities AmeriCorps Members may perform include, but are not limited to, the following:

- a. Seeking donations of books from companies and individuals for a program in which Members or volunteers teach children to read;
- b. Securing supplies and equipment from the community to enable volunteers to help build houses for low-income individuals; or
- c. Seeking donations from alumni of the program for specific service projects being performed by current Members.

The MEMBER may not:

- a. Raise funds for living allowances or for an organization's general (as opposed to project) operating expenses or endowment;
- b. Write a grant application to the CORPORATION or to any other Federal agency.

The MEMBER may spend no more than ten percent (10%) of his/her originally agreed upon Term of Service performing fundraising activities.⁴

³ 45 C.F.R. § 2520.40 Under what circumstances may AmeriCorps Members in my program raise resources?

⁴ 45 C.F.R. § 2520.45 How much time may an AmeriCorps Member spend fundraising?

E. REQUIREMENTS FOR SECOND TERM⁵

The MEMBER understands that to be eligible to serve a second term of service, the MEMBER must receive satisfactory performance reviews for any previous term of service. The MEMBER's eligibility for a second term of service with this PROGRAM will be based on, at a minimum, the MEMBER's mid-term and/or end-of-term performance evaluation(s), focusing on factors such as whether the MEMBER has:

- a. Completed the required number of hours;
- b. Satisfactorily completed assignments; and
- c. Met any other criteria that were communicated orally or in writing at the beginning of the Term of Service.

The MEMBER understands, however, that the mere eligibility for an additional term of service does not guarantee selection or placement.

IV. **Position Description**

A. PROGRAM OBJECTIVES

The objectives of the PROGRAM are to:

[Insert the program objectives as listed in eGrants, OnCorps, etc. The objectives may be in a condensed format, as long as the intent is clear.]

The MEMBER and the PROGRAM understand that all service activities, including training and "extra-curricular" service projects, must clearly relate to these objectives.

B. POSITION TITLE

[Insert the service description. Describe the service the Member(s) will provide and how it will directly impact the individual(s) they serve.]

C. POSITION DESCRIPTION (Duties / Service Activities / Assignments)

[Insert the position description for the individual Member to whom the contract applies.

Specify the duties (service responsibilities) the Member will be expected to complete.

Specify the types of service activities (deeds/actions) the Member will be expected to complete.

⁵ 45 C.F.R. § 2522.220 *What are the required terms of service for AmeriCorps participants...?*

Specify the types of assignments the Member will be expected to complete.

Provide a summary of the project.]

D. SERVICE SITE INFORMATION

MEMBER'S PRIMARY SITE [Name of service site, building, or other descriptive name]:

ADDRESS:

E. CONTACT INFORMATION

The name of the MEMBER's direct supervisor is [Supervisor(s) name(s)].

V. **Benefits⁶**

A. If applicable, the MEMBER will receive from the PROGRAM the following benefits:

i. LIVING ALLOWANCE

The living allowance is not a wage. However, the living allowance is taxable, and taxes will be deducted directly from the living allowance. The living allowance will be distributed [FREQUENCY (i.e. monthly, weekly, etc.)] by [METHOD (i.e. Mail, EFT, etc.)]. The [FREQUENCY] amount will be [AMOUNT] before taxes.

Check here if the MEMBER is less than full-time and will not be provided a living allowance by the PROGRAM.

ii. HEALTH BENEFITS

The PROGRAM agrees to provide healthcare insurance to the MEMBER, if he/she is serving a full-time term and not otherwise covered by a healthcare policy at the time he/she begins his/her term of service. The PROGRAM must also provide healthcare insurance to the MEMBER if he/she is serving a full-time term and loses coverage during his/her term of service as a result of service or through no

⁶ 2015 Terms and Conditions for AmeriCorps State and National Grants, Section VIII. LIVING ALLOWANCES, OTHER IN-SERVICE BENEFITS, AND TAXES

45 C.F.R. § 2522.250 What other benefits do AmeriCorps participants serving in approved...?

deliberate act of his/her own. The PROGRAM will not cover healthcare costs for the MEMBER'S family.

Check here if the MEMBER is less than full-time and will not be offered healthcare coverage by the PROGRAM.

iii. CHILDCARE ALLOWANCE

If applicable, a childcare allowance will be provided by GAP Solutions directly to the childcare provider, if the MEMBER qualifies for the allowance. *(GAP Solutions will distribute this allowance evenly over the Term of Service on a bi-weekly basis).* The criteria for the MEMBER to be eligible for the childcare allowance are contained in 45 CFR Part 2522.250. Members are considered to be full-time participants for purposes of eligibility for childcare payments on the same basis as eligibility for healthcare coverage. For more information, please call a childcare coordinator toll free at 1-855-886-0687.

Check here if the MEMBER is less than full-time and is ineligible for the childcare allowance.

iv. EDUCATION AWARD

Upon successful completion of the MEMBER'S Term of Service, the MEMBER will receive an education award from the National Service Trust. For successful completion of a full-time term, the MEMBER will receive an education award in the amount of five thousand, seven hundred thirty dollars (\$5,730). For successful completion of a term that is less than full-time, the MEMBER will receive a partial education award of up to two thousand, eight hundred and sixty-five dollars (\$2,865), as pro-rated for number of hours served. The education award is taxable as it is used.

The breakdown of education award amounts is as follows:

Select Member Slot Type (✓)	Member Slot Type / Term of Service	Minimum Required # of Hours	2015-2016 Education Award
	Full-Time	1700	\$5,730.00
	One-Year Half-Time	900	\$2,865.00
	Reduced Half-Time	675	\$2,182.78
	Quarter Time	450	\$1,515.55
	Minimum Time	300	\$1,212.44

The MEMBER understands that his or her failure to disclose to the PROGRAM any history of having been released for cause from another AmeriCorps PROGRAM will render him or her ineligible to receive the education award.

v. STUDENT LOAN INTEREST REPAYMENT

If the MEMBER has received forbearance on a qualified student loan during the term of service, the National Service Trust may repay a portion or all of the interest that accrued on the loan during the term of service.

B. STATUS CHANGE NOTIFICATION

The MEMBER agrees to notify the PROGRAM immediately in writing when the MEMBER'S status changes in any way that would affect eligibility for benefits such as childcare or healthcare. Examples of changes in status include: changes to the MEMBER'S scheduled service so that he/she is no longer serving on a full-time basis; terminating or releasing the MEMBER from service; and suspending the MEMBER for cause for a lengthy or indefinite time period.

C. NOTIFICATION OF INELIGIBILITY OF UNEMPLOYMENT

The MEMBER is not eligible to receive unemployment benefits based on the AmeriCorps living allowance at the end of his/her Term of Service. The Department of Labor ruled that AmeriCorps Members were not entitled to unemployment compensation under the Federal Unemployment Tax Act, as there was no employer-employee relationship between AmeriCorps grantees and Members. The Division of Employment Security located within the Missouri Department of Labor and Industrial Relations has ruled that AmeriCorps Members are not qualified to receive unemployment compensation since a living allowance is not a wage but is a stipend, and AmeriCorps Members are not considered employees.

VI. **Standards of Conduct**⁷

A. While charging time to the AmeriCorps program, accumulating service or training hours, or otherwise performing activities supported by the PROGRAM or the CORPORATION, the MEMBER may not engage in the following activities:⁸

- i. Attempting to influence legislation;
- ii. Organizing or engaging in protests, petitions, boycotts, or strikes;
- iii. Assisting, promoting, or deterring union organizing;
- iv. Impairing existing contracts for services or collective bargaining agreements;
- v. Engaging in partisan political activities, or other activities designed to influence the outcome of an election to any public office;

⁷ 45 C.F.R. § 2540.310 Most programs that receive Corporation assistance establishes standards of conduct.

⁸ 45 C.F.R. § 2520.65 What activities are prohibited in AmeriCorps subtitle C programs?

- vi. Participating in, or endorsing, events or activities that are likely to include advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials;
- vii. Engaging in religious instruction, conducting worship services, providing instruction as part of a program that includes mandatory religious instruction or worship, constructing or operating facilities devoted to religious instruction or worship, maintaining facilities primarily or inherently devoted to religious instruction or worship, or engaging in any form of religious proselytization;
- viii. Providing a direct benefit to—
 - (a) A business organized for profit;
 - (b) A labor union;
 - (c) A partisan political organization;
 - (d) A nonprofit organization that fails to comply with the restrictions contained in section 501(c)(3) of the Internal Revenue Code of 1986 related to engaging in political activities or substantial amount of lobbying except that nothing in these provisions shall be construed to prevent participants from engaging in advocacy activities undertaken at their own initiative; and
 - (e) An organization engaged in the religious activities described in A.vii above, unless CORPORATION assistance is not used to support those religious activities;
- ix. Conducting a voter registration drive or using CORPORATION funds to conduct a voter registration drive;
- x. Providing abortion services or referrals for receipt of such services; and
- xi. Such other activities as the CORPORATION may prohibit.

The MEMBER may not engage in the above activities directly or indirectly by recruiting, training, or managing others for the primary purpose of engaging in one of the activities listed above.

B. The MEMBER may exercise his/her rights as private citizens and may participate in the activities listed above on his/her initiative, on non-AmeriCorps time, and using non-CORPORATION funds. The MEMBER should not wear the AmeriCorps logo while doing so.

C. MINIMUM ACCEPTABLE CONDUCT

The MEMBER is expected to, at all times while acting in an official capacity as an AmeriCorps Member:

- i. Demonstrate mutual respect towards others.
- ii. Follow directions.

- iii. Direct concerns, problems, and suggestions to **[SUPERVISOR'S_NAME]**

[Customize this section to note any additional behavior that the individual is expected to exhibit at all times while acting in an official capacity as an AmeriCorps Member.]

D. RULES OF CONDUCT

The MEMBER understands that the following acts also constitute a violation of the PROGRAM's rules of conduct:

- i. Unauthorized tardiness (including late arrival, early departure, leaving and/or not reporting to the service site) or tardiness without notifying direct supervisor.
- ii. Unauthorized absences.
- iii. Repeated use of inappropriate language (e.g. profanity) at a service site.
- iv. Failure to wear appropriate clothing to service assignments.
- v. Other requirements as established by **[NAME OF PROGRAM]**.

[Customize this section to note acts that also constitute a violation of the PROGRAM's rules of conduct.]

In general, for violating the above stated rules, the PROGRAM will follow the Four-Step Disciplinary Policy listed below (except in cases where during the term of service the MEMBER has been charged with or convicted of a violent felony, possession, sale or distribution of a controlled substance)

E. FOUR STEP DISCIPLINARY POLICY

The MEMBER may be temporarily suspended for disciplinary reasons or terminated for failure to comply with the expectations described in this Agreement. PROGRAM staff may take the appropriate disciplinary action to suspend or terminate the MEMBER, if necessary. Consequences of the MEMBER's actions, such as those cited in Section VI of this Agreement, will be handled in the following manner, except certain acts or violations of Section VI.D of this Agreement may require PROGRAM staff to release the MEMBER for cause or for compelling personal circumstances without going through the steps 1, 2, and 3 listed below:

- Step 1. For the MEMBER's first offense, the PROGRAM Director will issue a verbal warning to the MEMBER.
- Step 2. For the MEMBER's second offense, the PROGRAM Director will issue a written warning and reprimand the MEMBER. The written warning will be placed in the MEMBER's permanent service file.

Step 3. For the MEMBER's third offense, the MEMBER may be suspended for one or more days without compensation and will not receive credit for any service hours missed. A suspension justification letter will be placed in the MEMBER'S permanent service file.

Step 4. For the fourth offense, the MEMBER may be released from the PROGRAM.

F. DRUG FREE WORKPLACE ACT⁹

The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in any AmeriCorps workplace, PROGRAM site, or work site. Under the Drug-Free Workplace Act, the MEMBER must immediately notify the PROGRAM Director in writing if convicted under any criminal drug statute. The written notification must take place no more than five calendar days after the conviction. The MEMBER's participation in the PROGRAM is conditioned upon compliance with this notice requirement and action will be taken if the MEMBER is found to be in violation of this requirement.

G. NONDUPLICATION¹⁰

CORPORATION funds may not be used to duplicate an activity that is already available in the locality of a program. And, unless the requirements of Section VI.H are met, CORPORATION funds will not be provided to a private nonprofit entity to conduct activities that are the same or substantially equivalent to activities provided by a State or local government agency in which such entity resides.

H. NONDISPLACEMENT¹¹

- i. An employer may not displace an employee or position, including partial displacement such as reduction in hours, wages, or employment benefits, as a result of the use by such employer of a MEMBER.
- ii. An organization may not displace a volunteer by using a MEMBER.
- iii. A service opportunity may not be created under the PROGRAM that will infringe in any manner on the promotional opportunity of an employed individual.
- iv. The MEMBER may not perform any services or duties or engage in activities that would otherwise be performed by an employee as part of the assigned duties of such employee.
- v. The MEMBER may not perform any services or duties, or engage in activities that:
 - (a) Will supplant the hiring of employed workers; or
 - (b) Are services, duties, or activities with respect to which an individual has recall rights pursuant to a collective bargaining agreement or applicable personnel procedures.

⁹ 41 U.S.C. § 701 *et seq* Drug-free Workplace Requirements for Federal Contractors

¹⁰ 45 C.F.R. § 2540.100(e) What restrictions govern the use of Corporation assistance?

¹¹ 45 C.F.R. § 2540.100(f) What restrictions govern the use of Corporation assistance?

- vi. The MEMBER may not perform services or duties that have been performed by or were assigned to any:
 - (a) Presently employed worker;
 - (b) Employee who recently resigned or was discharged;
 - (c) Employee who is subject to a reduction in force or who has recall rights pursuant to a collective bargaining agreement or applicable personnel procedures;
 - (d) Employee who is on leave (terminal, temporary, vacation, emergency, or sick);
 - (e) Employee who is on strike or who is being locked out.

I. CHILD SUPPORT OBLIGATIONS

By his/her signature on this agreement, the MEMBER hereby certifies that he/she is not currently behind in court-ordered child support payments, and if subject to a current child support order, will continue to remit all payments as ordered by the court throughout the term of service. Both the PROGRAM and the MEMBER understands that failure to comply with this certification may result in the immediate termination of the MEMBER's service for cause as outlined elsewhere in this agreement.

J. SUSPENSION AND RELEASE FOR CAUSE

As stated in Section III.C herein, the PROGRAM may temporarily suspend the MEMBER for disciplinary reasons, such as chronic tardiness, as outlined in Section VI.D. A period of suspension does not count toward the MEMBER'S required service hours. Further, if the MEMBER is suspended for disciplinary reasons, he/she may not receive a living allowance for the suspension period, in accordance with written policies and procedures of the PROGRAM.

The MEMBER understands that he/she will be either suspended or released for cause in accordance with Section VII of this Agreement for committing certain acts during the term of service, including, but not limited to being convicted or charged with a violent felony, or possession, sale, or distribution of a controlled substance.

VII. Release from Terms of Service¹²

REASONS FOR RELEASE

The MEMBER understands that he/she may be released from the PROGRAM for the following reasons:

A. RELEASE FOR CAUSE

¹² 2015 Terms and Conditions for AmeriCorps State and National Grants, VII, RELEASE FROM PARTICIPATION
45 C.F.R. § 2522.230 Under what circumstances may AmeriCorps participants be released...

The PROGRAM will release the MEMBER for cause without any further obligations for the following reasons:

1. The MEMBER has dropped out of the PROGRAM without obtaining a release for compelling personal circumstances from the appropriate PROGRAM official;
2. During the Term of Service, the MEMBER has been convicted of a violent felony or the sale or distribution of a controlled substance;
3. The MEMBER has committed a fourth offense, in accordance with Section VI.E of this Agreement;
4. The MEMBER has committed any of the offenses listed in Section VI.D of this Agreement; or
5. The MEMBER has committed any other serious breach that in the judgment of the PROGRAM Director would undermine the effectiveness of the PROGRAM.

B. RELEASE FOR COMPELLING PERSONAL CIRCUMSTANCES

The PROGRAM may release the MEMBER from the term of service without any further obligations for compelling personal circumstances if the MEMBER demonstrates that:

1. The MEMBER has a disability or serious illness that makes completing the term impossible;
2. There is a serious injury, illness, or death of a family member which makes completing the term unreasonably difficult or impossible for the MEMBER;
3. The MEMBER has military service obligations;
4. The MEMBER has accepted an opportunity to make the transition from welfare to work; or
5. Some other unforeseeable circumstance beyond the MEMBER's control makes it impossible or unreasonably difficult for the MEMBER to complete the term of service, such as a natural disaster, a strike, relocation of a spouse, or the nonrenewal or premature closing of a project or the PROGRAM.

C. Compelling personal circumstances do not include the MEMBER leaving the PROGRAM:

1. To enroll in school;
2. To obtain employment, other than in moving from welfare to work (unless this is stated as a goal of the PROGRAM); or

3. Because of dissatisfaction with the PROGRAM.

D. SUSPENSION

The PROGRAM may suspend the MEMBER's Term of Service for the following reasons:

1. During the Term of Service the MEMBER has been charged with a violent felony or the sale or distribution of a controlled substance. (If the MEMBER is found not guilty or the charge is dismissed, the MEMBER may resume his/her Term of Service. The MEMBER, however, will not receive back living allowances or credit for any service hours missed.)
2. During the Term of Service, the MEMBER has been convicted of a first offense of possession of a controlled substance. (If, however, the MEMBER demonstrates that he/she has enrolled in an approved drug rehabilitation program, the MEMBER may resume his/her Term of Service. The MEMBER will not receive back living allowances or credit for any service hours missed.)
3. The PROGRAM may suspend the MEMBER's Term of Service for violating any rule of conduct, in accordance with the rules set forth in Section VI.D of this Agreement.

E. QUALIFICATION FOR EDUCATION AWARD

If the MEMBER discontinues his/her Term of Service for any reason other than a release for compelling personal circumstances (e.g., the MEMBER is released for cause) as described above, the MEMBER will cease to receive the benefits described in Section V of this Agreement and will receive no portion of the education award or interest payments.

If the MEMBER discontinues his/her Term of Service due to compelling personal circumstances as described in Section VII.B of this Agreement, the MEMBER will cease to receive benefits described in Section V.

VIII. Grievance Procedures¹³

A. PURPOSE AND CONSIDERATIONS

The MEMBER understands that the PROGRAM has a grievance procedure to resolve

¹³ 45 C.F.R. § 2522.230 (5) Under what circumstances AmeriCorps participants may be released...

45 C.F.R. § 2540.230 What grievance procedures must recipients of Corporation assistance establish?

disputes concerning the MEMBER'S suspension, dismissal, service evaluation or proposed service assignment.

In addition, if the MEMBER is released from the PROGRAM for cause, he/she may contest the PROGRAM's decision by filing a grievance. Pending the resolution of a grievance procedure filed to contest a release for cause, the MEMBER'S service is considered to be suspended. For this type of grievance, a PROGRAM may not—while the grievance is pending or as part of its resolution—provide a participant with federally-funded benefits (including payments from the National Service Trust, e.g. child care) beyond those attributable to service actually performed.

B. PROCEDURE

The MEMBER understands that, as a participant of the PROGRAM, he/she may file a grievance in accordance with the PROGRAM'S grievance procedure, as follows:

[Incorporate your grievance procedure into the body of this section. BE SURE to include time component/statute of limitations. Note: The MCSC does not involve itself in the Grievance Procedures of its sub-grantees.]

IX. Timekeeping System of Record

[Insert the statement of official timekeeping system of record, plus a brief explanation of Member responsibilities.]

X. Contract Addendums

The MEMBER also agrees to abide by the following addendums, and certifies that he/she has read and agreed to adhere to them as an extension of this Agreement.

[Number and list the title of any addendums here. Detailed addendums are to be attached at the end of this contract (after the signature page).]

1. [Title of Addendum #1, etc]

XI. Notice of Non-Discrimination¹⁴

It is against the law for organizations that receive federal financial assistance from the Corporation for National and Community Service to discriminate on the basis of race, color,

¹⁴ 2015 General Grant Terms and Conditions, Section H, NON-DISCRIMINATION PUBLIC NOTICE AND RECORDS COMPLIANCE

national origin, disability, age, sex, political affiliation, or, in most instances, religion. It is also unlawful to retaliate against any person who, or organization that, files a complaint about such discrimination. In addition to filing a complaint with local and state agencies that are responsible for resolving discrimination complaints, you may bring a complaint to the attention of the Corporation for National and Community Service. If you believe that you or others have been discriminated against, or if you want more information, contact:

Office of Civil Right and Inclusiveness
Corporation for National and Community Service
1201 New York Avenue, NW
Washington, D.C. 20525
(202) 606-7503 (voice); (800) 833-3722 (TTY)
(202) 565-3465 (FAX); eo@cns.gov (e-mail)

XII. Reasonable Accommodation for Members with Disabilities

AmeriCorps encourages individuals with disabilities to participate as national service providers through the AmeriCorps programs. AmeriCorps prohibits any form of discrimination against a person with disabilities in recruitment, as well as in service. As a program that receives federal funds, the PROGRAM complies with the requirements of the Americans with Disability Act (ADA) and Section 504 of the Rehabilitation Act.

No qualified individual with a disability shall, by reason of disability, be excluded from participation in or denied the benefits of the PROGRAM, services, or activities of the PROGRAM, or be subjected to discrimination by the PROGRAM. Nor shall the PROGRAM exclude or otherwise deny equal services, programs or activities to an individual because of the known disability of an individual with whom the individual is known to have relationship or association. According to the ADA, the term “disability” means, with respect to an individual, a physical or mental impairment that substantially limits one or more individuals major life activities, a record having such an impairment, or being regarded as having such an impairment. “Major life activities “ means functions such as caring for oneself, performing manual task, walking, seeing, hearing, speaking, breathing, learning, and working.

A “qualified individual with a disability” is an individual with a disability who with or without reasonable accommodations meets the essential eligibility requirements for the receipt of services from or the participation in programs or activities provided by the PROGRAM.

Reasonable accommodations may include modifying rules, policies, or practices: the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services.

The PROGRAM shall make reasonable accommodations in policies, practices, or procedures when the accommodations are necessary to avoid discrimination on the basis of disability,

unless the PROGRAM can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity, and / or impose an “undue hardship.” A reasonable accommodation may include: making facilities readily accessible to and usable by individuals with disabilities; job restructuring; part-time or modified schedules; acquisition or modification of equipment or devices, training materials, or policies; etc.

Confidentiality: The PROGRAM shall keep information that the MEMBER provides regarding her/his disability confidential, except that appropriate supervisors, managers, and safety and health personnel may be informed regarding any restrictions in service duties or necessary accommodations. Government personnel may be provided information in compliance with various laws and regulations.

Self-Identification: The MEMBER is not required to disclose information about any physical or mental limitations, whether or not he/she believes the limitation will interfere with his/her capability to perform the essential functions of the position sought or held. If the MEMBER would like, however, for the PROGRAM, to consider any special arrangements to accommodate a physical or mental impairment, the MEMBER may identify that impairment, describe the functional limitations that result from that impairment, and suggest the type of accommodation that the MEMBER believes would be appropriate. Medical verification of the condition may be requested for the MEMBER to be protected under Section 504 of the Rehabilitation Act.

Grievances: If the PROGRAM denies the MEMBER’S request for an accommodation , the MEMBER may use the grievance procedure outlined herein to appeal the decision and/or file a complaint with the Corporation for National and Community Service, Equal Opportunity Office within forty-five (45) days of the decision or forty-five (45) days from when the MEMBER becomes aware of the decision.

I have read and understand the Reasonable Accommodation for Members with Disabilities Policy:

****Signature of Member:** _____

Date:

XIII. Amendments to this Agreement

This Agreement encompasses all agreed upon terms and may only be changed or revised by written consent by both parties.

XIV. Authorization

The MEMBER and PROGRAM hereby acknowledge by their signatures that they have read, understand, and agree to all terms and conditions of this agreement. (If the MEMBER is under the age of 18 years old, the MEMBER'S parent or legal guardian must also sign.)

AmeriCorps MEMBER

AmeriCorps PROGRAM

Member's Signature

Program Director's Signature

Member's Printed Name

Program Director's Printed Name

Date

Date

*****If the MEMBER is less than 18 year of age, the MEMBER's Parent/Legal Guardian must sign the Member Contract.***

Parent/Legal Guardian

Date

Contract Addendums

[Insert list of detailed Contract Addendums here (as referenced in Section X).]

SAMPLE

SECTION VI

HIGH SCHOOL DIPLOMA/GED/CERTIFICATION

Enrolling in the My AmeriCorps portal requires Members to certify their high school status. Such certification fulfills the verification requirement to obtain and maintain documentation from the Member relating to the Member's high school education. Additionally, self-attestation indicated in the AmeriCorps application also serves as verification.

If the Member is incapable of obtaining a high school diploma or its equivalent, as determined by an independent evaluation, the recipient must retain a copy of the supporting evaluation.

SECTION VII

MEDIA RELEASE

>>developed by the AmeriCorps program<<

You have the option to include a separate form which indicates a Member's choice to authorize or not authorize the AmeriCorps program to use his/her service, photos, videos, and any other items as promotional media for the marketing and advancement of the program. Or you have the option to include the media release as an addendum in the Member contract.

It is strongly recommended that you have returning Members complete a media release form for each year of service.



[AmeriCorps Program Name] Media Release

I _____ (**Member Name**) do hereby grant permission to **[AmeriCorps Program Name]** to use my work and/or photographs/videos taken of me, **and to use my name in conjunction with such items/image/likeness in promotional media** (created prior to today's date, if applicable, and in the future), including but not limited to, printed brochures, publications and **[AmeriCorps Program Name]'s** web page and to offer the work/photographs/videos for use or distribution to the media, schools or other affiliated programs without notifying me.

I hereby waive any right to inspect or approve the photographs, publications or electronic matter that may be used in conjunction with the program now or in the future; whether that use is known to me or not.

Signature

Date

SAMPLE

SECTION VIII

CHANGE OF STATUS/CHANGE OF TERM **DOCUMENTATION**

You must request and receive approval from the Missouri Community Service Commission to change the status or term of service of a Member. Documentation of the request and approval from the MCSC must be retained in the Member file.

SECTION IX

FORM I-9

>>federal agency form<<

Although serving as an AmeriCorps Member is not considered employment, your organization is still responsible for completing a Form I-9 to document verification of the identity and work eligibility of each new Member (both citizen and non-citizen), in the United States. To accompany the form, there are lists of acceptable documents (refer to page 9 of the Form I-9) that must be included as verification of work eligibility.

You must use the current version of the I-9 form. For those Members returning for an additional year of service with your program, you may file a copy of the original Form I-9 in the current year's file; if there has been no change.



Instructions for Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

(1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

(2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at I-9Central@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

USCIS Privacy Act Statement

AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial	Other Names Used (<i>if any</i>)	
Address (<i>Street Number and Name</i>)			Apt. Number	City or Town		State
Date of Birth (<i>mm/dd/yyyy</i>)		U.S. Social Security Number		E-mail Address		Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

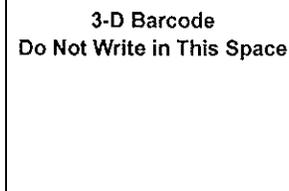
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

Signature of Employee:	Date (<i>mm/dd/yyyy</i>):
------------------------	-----------------------------

Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (<i>mm/dd/yyyy</i>):	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)	
Address (<i>Street Number and Name</i>)		City or Town	State
			Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

SECTION X

PROOF OF CITIZENSHIP

Unless an individual's social security number and citizenship was verified through the My AmeriCorps Portal, you must obtain and maintain documentation as required by 45 CFR § 2522.200(c). CNCS does not require programs to make and retain copies of the actual documents used to confirm age or citizenship eligibility requirements, such as a driver's license, or birth certificate, as long as you have a consistent practice of identifying the documents that were reviewed and maintain a record of the review.

Primary documentation of status as a U.S. citizen or national. The following are acceptable forms of certifying status as a U.S. citizen or national:

- (1) A birth certificate showing that the individual was born in one of the 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, or the Northern Mariana Islands;
- (2) A United States passport;
- (3) A report of birth abroad of a U.S. Citizen (FS-240) issued by the State Department;
- (4) A certificate of birth-foreign service (FS 545) issued by the State Department;
- (5) A certification of report of birth (DS-1350) issued by the State Department;
- (6) A certificate of naturalization (Form N-550 or N-570) issued by the Immigration and Naturalization Service; or
- (7) A certificate of citizenship (Form N-560 or N-561) issued by the Immigration and Naturalization Service.

Primary documentation of status as a lawful permanent resident alien of the United States. The following are acceptable forms of certifying status as a lawful permanent resident alien of the United States:

- (1) Permanent Resident Card, INS Form I-551;
- (2) Alien Registration Receipt Card, INS Form I-551;
- (3) A passport indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence; or
- (4) A Departure Record (INS Form I-94) indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence.

Secondary documentation of citizenship or immigration status. If primary documentation is not available, the program must obtain written approval from the Corporation that other documentation is sufficient to demonstrate the individual's status as a U.S. citizen, U.S. national, or lawful permanent resident alien.

For those Members returning for an additional year of service with your program, you may file a copy of the original verification in the current year's file; if there has been no change.

SECTION XI

NATIONAL SEX OFFENDER PUBLIC WEBSITE (NSOPW)

The NSOPW is an Internet-based system operated by the U.S. Department of Justice. The system gathers data from all participating State-level sex offender registries plus those operated by Guam, Puerto Rico, the District of Columbia and Tribal Governments. The NSOPW is also known as the National Sex Offender Public Registry, NSOPR. This check can be obtained free of charge from the NSOPW.gov website.

The NSOPW check is required and must be conducted and documented before Members begin service. These checks must be dated prior to or on the first date of service. Include a print-out of the results in the Member file.

or

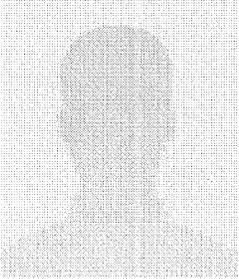
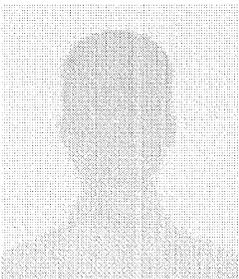
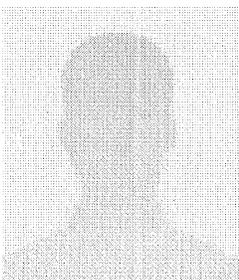
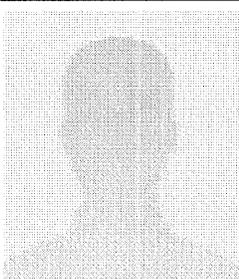
National Sex Offender Search Results

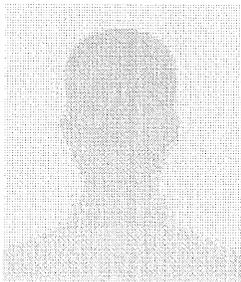
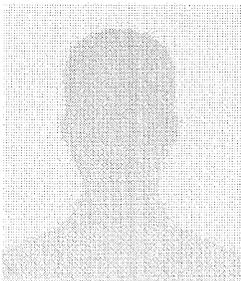
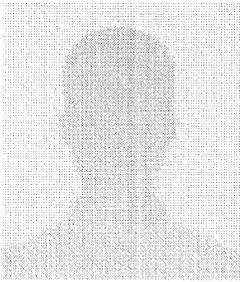
7 records from a national search including all states, territories and Indian Country for First Name like *jerron*, Last Name like *johnson*

Search performed 6/2/2015 3:49 PM EDT

None below are person in question

ABR

Offender	Age	Aliases	Address
 JOHNSON, JERAHMY MICHAEL			<ul style="list-style-type: none"> N/A WALKERTOWN, NC 27051 FORSYTH PRIMARY
 JOHNSON, JEREMY DEONTA			<ul style="list-style-type: none"> N/A RAEFORD, NC 28376 HOKE PRIMARY
 JOHNSON, JEROME M			<ul style="list-style-type: none"> N/A WHITAKERS, NC 27891 EDGECOMBE PRIMARY
 JOHNSON, JERRY ARTHUR			<ul style="list-style-type: none"> N/A GREENSBORO, NC 27403 GUILFORD PRIMARY

Offender	Age	Aliases	Address
 JOHNSON, JERRY DEVOE JR			<ul style="list-style-type: none"> • N/A RONDA, NC 28670 WILKES PRIMARY
 JOHNSON, JERRY ODELL			<ul style="list-style-type: none"> • N/A LOWGAP, NC 27024 SURRY PRIMARY
 MC-CAIN, CARLOS			<ul style="list-style-type: none"> • N/A N/A, N/A N/A PRIMARY

SECTION XII

STATE AND FBI CHECKS - DOCUMENTATION

Programs must conduct checks according to MCSC and CNCS policies.

In the file, programs must include proof that the checks were initiated on, or prior to, the Member's start date.

For FBI and Missouri Checks:

- ▶ Programs conducting criminal history checks through the MOVECHS system must not store the results in the Member file. They must be kept in a separate locked filing cabinet. In place of the actual results, the MCSC Criminal History Check Clearance Letter must be kept in the Member file.
- ▶ Programs not conducting criminal history checks through the MOVECHS system should store the results in the Member file.

Out of state Checks:

- ▶ Results from out of state checks (if applicable) should be stored in the Member file.

Recurring Access to Vulnerable Populations:

- ▶ Members that have recurring access to vulnerable populations need to be accompanied during their service until the results of a state or FBI check comes back as cleared for service.
- ▶ Programs must document accompaniment and keep the records in the Member file. A Member is considered "accompanied" when he or she is in the physical presence of a person cleared for access to a vulnerable population. One method to document accompaniment is to indicate on the Member's timesheet who accompanied him/her during service, the dates, and the times. Then, have the person who performed the accompaniment sign off to attest to the accuracy of the documentation. You must have policies and procedures clearly describing your accompaniment guidelines and documentation procedures.

- ▶ If Members will be serving vulnerable populations but did not have access until they were cleared, documentation must be included for verification. For example, if Members are in training until cleared, the Program should include documentation of the training and a certification that the Member did not have access to vulnerable populations until they were cleared.

Members that have a gap less than 120 days do not need to have a new check. (refer to the National Service Criminal History Check; Frequently Asked Questions- Updated January 4, 2016).

SECTION XIII

HEALTH INSURANCE

>>developed by AmeriCorps Program (waiver form)<<

You must include proof of health insurance coverage for Members or a waiver form documenting that the Member did not need coverage due to existing coverage.

This information needs to be kept current for all Members, new and returning.



AmeriCorps Health Insurance

WAIVER OF COVERAGE

AmeriCorps requires all Members to enroll in a health plan made available by **[AmeriCorps Program Name]** UNLESS proof of other coverage is provided.

Member's Name: _____

Social Security Number: _____

I elect **NOT** to enroll in the AmeriCorps health plan because I am covered under the following:

Insurance Company: _____

Policy Number: _____

Policy Holder's Name: _____

Policy Holder's SSN: _____

Signature: _____

Date: _____

A COPY OF YOUR INSURANCE CARD OR LETTER FROM YOUR INSURANCE CARRIER MUST BE ATTACHED.

SECTION XIV

CHILD CARE ENROLLMENT

>>developed by AmeriCorps Program (waiver form)<<

You must include documentation of child care enrollment or a waiver form documenting that the Member did not need child care. If a Member's status changes, affecting the eligibility for the child care benefits, you must document such in the Member's file. Returning Members should have new documentation demonstrating childcare enrollment or a copy of the previous year's waiver.



AmeriCorps Child Care Acceptance/Waiver

GAP Services, Inc. was selected by the Corporation for National and Community Service (CNCS) to manage and administer the Child Care Benefits Program (CCBP) on behalf of AmeriCorps State and National Members.

Pursuant to the regulations in 45 C.F.R. 2522.250, active full-time AmeriCorps State and National Members may be eligible to receive a child care benefit to opay al or part of their child care costs.

- As an AmeriCorps Member, serving full-t8me in the **[AmeriCorps Program Name]**, I attest that I have been provided with FFA child care assistance information and intent to apply for this assistance.

Signature

Date

- I attest that I have been given FFA child care information and **waive child care assistance.**

Signature

Date

Printed Name of AmeriCorps Member: _____

SECTION XV

FEDERAL W-4 FORM

>>federal agency form<<

Programs must use the current version of the Federal W-4 form. Returning Members only need to complete a new form if changes need to be made. You may keep this documentation separate from the Member file but in a secured location that is not easily accessible to the public.

Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2015	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____			
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____			
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details 1 \$ _____
- 2 Enter: { \$12,600 if married filing jointly or qualifying widow(er)
\$9,250 if head of household
\$6,300 if single or married filing separately } 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2015 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2015 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$4,000 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____
- Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 **Subtract** line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

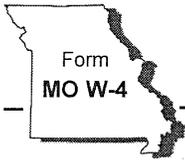
If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

SECTION XVI

STATE W-4 FORM

>>federal agency form<<

Programs must use the current version of the Federal W-4 form. Returning Members only need to complete a new form if changes need to be made. You may keep this documentation separate from the Member file but in a secured location that is not easily accessible to the public.



Missouri Department of Revenue
Employee's Withholding Allowance Certificate

This certificate is for income tax withholding and child support enforcement purposes only. Type or print.

Full Name	Social Security Number	Filing Status Single <input type="checkbox"/> Married <input type="checkbox"/> Head of Household <input type="checkbox"/>	
Home Address (Number and Street or Rural Route)	City or Town	State	Zip Code

Employee	1. Allowance For Yourself: Enter 1 for yourself if your filing status is single, married, or head of household.....	1		
	2. Allowance For Your Spouse: Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter 0. If no, enter 1 for your spouse	2		
	3. Allowance For Dependents: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form MO W-4.....	3		
	4. Additional Allowances: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim.	4		
	5. Total Number Of Allowances You Are Claiming: Add Lines 1 through 4 and enter total here.....	5		
	6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here.....	6	\$	
	7. Exempt Status: If you had a right to a refund of all of your Missouri income tax withheld last year because you had no tax liability and this year you expect a refund of all Missouri income tax withheld because you expect to have no tax liability, write "Exempt" on Line 7. See information below.	7		
	8. If you meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Missouri tax liability, write "Exempt" on line 8. See information below.	8		

Signature	Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.	
	Employee's Signature (Form is not valid unless you sign it)	Date (MM/DD/YYYY) ____/____/____

Employer	Employer's Name	Employer's Address		
	City	State	Zip Code	
	Date Services for Pay First Performed by Employee (MM/DD/YYYY) ____/____/____	Federal Employer I.D. Number	Missouri Tax Identification Number	

Notice To Employer: Within 20 days of hiring a new employee, send a copy of Form MO W-4 to the Missouri Department of Revenue, P.O. Box 3340, Jefferson City, MO 65105-3340 or fax to (573) 526-8079. Visit www.dss.mo.gov/cse/newhire.htm for additional information regarding new hire reporting.

Employee Information — You Do Not Pay Missouri Income Tax on all of the Income You Earn!

Visit <http://www.dort.mo.gov/tax/calculators/withhold/> to try our online withholding calculator.

Form MO W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Missouri when you file your return. Deductions and exemptions reduce the amount of your taxable income. If your income is less than the total of your personal exemption plus your standard deduction, you should mark "Exempt" on Line 7 above. The following amounts of your annual Missouri adjusted gross income will not be taxed by the state of Missouri when you file your individual income tax return.

Single	Married Filing Combined	Head of Household
\$2,100 — personal exemption	\$ 4,200 — personal exemption	\$ 3,500 — personal exemption
\$6,300 — standard deduction	\$12,600 — standard deduction	\$ 9,250 — standard deduction
\$8,400 — Total	\$16,800 — Combined Total (For both spouses)	\$12,750 — Total
+ \$1,200 for each dependent	+ \$1,200 for each dependent	+ \$1,200 for each dependent
+ up to \$5,000 for federal tax	+ up to \$10,000 for federal tax	+ up to \$5,000 for federal tax

Items to Remember:

- If your filing status is married filing combined and your spouse works, do not claim an exemption on Form MO W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form MO W-4. If both spouses claim the dependents as an allowance on Form MO W-4, it may cause you to owe additional Missouri income tax when you file your return.
- If you have more than one employer, you should claim a smaller number or no allowances on each Form MO W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Missouri may be a greater or lesser amount.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Earnings Statement of the non-resident military servicemember, Form W-2 issued to the nonresident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card.

Form MO W-4 (Revised 12-2014)

Mail to: Taxation Division
P.O. Box 3340
Jefferson City, MO 65105-3340

Phone: (573) 751-8750
Fax: (573) 526-8079

Visit www.dss.mo.gov/cse/newhire.htm
for additional information.



SECTION XVII

W-2 FORM

>>federal agency form<<

You must provide Members with a W-2 form.

You may keep this documentation separate from the Member file but in a secured location that is not easily accessible to the public.

SECTION XVIII

LOAN FOREBEARANCE REQUEST

>>CNCS form<<

When a Member requests a loan forbearance, include a copy of the request form in the Member file. It must be the current year's request.

SECTION XIX

TRAINING DOCUMENTATION

CPR and First Aid

You must include documentation of training provided to include the date(s) of training. Certificates are also acceptable as verification of training. The expiration of the certification should be included to determine if the Member is appropriately trained for the program year.

Citizenship and Disaster Response

You must include documentation of training provided to include the date(s) of training. Certificates, on-line printouts (with a date stamp), or agendas with sign-in sheets are also acceptable as verification of training.

SECTION XX

PERFORMANCE EVALUATIONS

You are required to conduct a mid-term performance evaluation for half time and full time Members for each year of service. An end-of-term evaluation must be conducted for all Members.

Both evaluations must (at a minimum) ask the following questions:

- ▶ Whether the participant has completed the required number of hours described in paragraph (a) of this section;
- ▶ Whether the participant has satisfactorily completed assignments, tasks or projects;
- ▶ Whether the participant has met any other performance criteria which had been clearly communicated both orally and in writing at the beginning of the term of service.

You may determine the format and contents of the evaluation to meet your needs and the needs of your Members as long as the minimum requirements are in place.

Maintain written documentation that the Member received the mid-term and/or final evaluation. It is important to ensure that a Member who served previously is eligible to serve in your program and reasonable effort should be made to gather that information. You may be able to assume that a Member who received an education award served satisfactorily in the previous term. If a Member was released for cause without receiving an education award, follow-up with the program that the individual formerly served with as a Member. You do not want to run the risk of enrolling an ineligible Member. Some or all of the costs associated with that Member can be disallowed. Refer to the My AmeriCorps Portal to obtain information of a Member's past service.

<<Program Name/Program Year>>
Member Performance Mid-Term Evaluation

Name _____

Date _____

	Exceeds expectations	Meets expectations	Working towards meeting expectations	Needs attention
1. Initiative				
Accepts responsibility to support project and committee activities				
2. Reliability				
Completes tasks and paperwork accurately, completely, and with quality				
Attends weekly meetings, is on time, and actively participates				
Presents professional image in attire, demeanor, and attitude				
3. Judgment				
Practices good volunteer management procedures				
Sets priorities, anticipates needs, and avoids schedule conflicts				
Manages time effectively				
4. Acceptance of Responsibility				
Represents the project in a professional manner				
Communicates effectively with volunteers and staff				
5. Relationship with Co-Workers				
Creates positive relationship with site staff				
Demonstrates strong teamwork skills				
Works cooperatively with committee members				
6. Relationship with Community				
Creates positive relationship with community partners				
Delivers friendly, courteous, and ongoing service to community volunteers				
7. Support for Project Values				
Supports and communicates program goals and priorities				
Develops programs with a focus on their sustainability				
Creative and/or resourceful in problem-solving				
8. OVERALL PERFORMANCE				

9. Goals for remainder of term:

10. Member comments about his/her evaluation:

Co-Director signature _____

Date _____

Member signature _____

Date _____



<<Program name/Program year>> Member Performance Evaluation

AmeriCorps Member: _____ Site: _____

Mid Term End Term Hours completed to date: ____

Supervisor _____ Date: _____

AmeriCorps member development is an important goal of our program. Without honest feedback, members are unable to make improvements to enhance their performance and their experience. Performance evaluations are intended to be a mutual exchange of information, enabling members to progress toward their optimal performance potential. Therefore, providing candid responses is very important.

The following competencies have been identified as areas in which members can continually strive to better themselves. Using the scales provided below, please evaluate the member based on her/his day-to-day performance and your observations as the site supervisor.

**Please rate your AmeriCorps member in the areas listed below:
(Put an X in the appropriate box)**

	Excellent	Good	Fair	Poor
1. Demonstrates knowledge and preparation to provide service effectively				
2. Fills out and submits all relevant paperwork in a timely manner				
3. Sets realistic goals and follows through with commitments				
4. Honors time commitments and demonstrates time/priority management skills				
5. Utilizes feedback and constructive criticism				
6. Represents the program professionally				
7. Shows initiative and self motivation				
8. Demonstrates decision-making and organizational skills				
9. Maintains a constructive and mature attitude throughout challenges				
10. Demonstrates leadership skills				
11. Accepts personal responsibility for learning and contributing				
12. Interacts appropriately with on-site personnel, clientele, and/or public				
13. Creative and/or resourceful in problem solving				
14. Demonstrates concern for the quality, accuracy, and completeness of tasks performed				

SECTION XXI

END-OF-TERM/EXIT FORM

>>CNCS form<<

In a continued effort to reduce paper forms and ensure the collection of complete Member demographics, CNCS is requesting programs to have Members complete the enrollment and exit forms in the My AmeriCorps Portal. To do this, you will need to “invite” your incoming Members (using their current email address) in My AmeriCorps Portal. The system will send them a link to complete Parts I and II of the enrollment form online. The exit form becomes available in the Member’s Portal account as the exit date is approaching.

All Competitive recipients and sub-recipients that wish to utilize staff Portal enrollments and exits without Members completing enrollment and exit forms must send a request to their CNCS Program Officer. (Sub-recipient requests should be submitted by the Missouri Community Service Commission.) Requests will be approved in cases where the recipient or sub-recipient is able to demonstrate that technological limitations make it impossible or extremely burdensome for Members to complete their own enrollment and exit forms in the Portal. Technological limitations would include a lack of internet access, computer and/or cell phone, or a Member population with low computer literacy skills that cannot be addressed through training or technical assistance. For formula programs, you may send a request to the Missouri Community Service Commission for review and determination of allowing paper enrollment and exit forms. **Approved waivers are valid for one year only. You must re-apply for a waiver each year as necessary.**

Enrollments and exits must be performed each program year for returning Members.



National Service Trust Exit Form



This form will end the term of a serving member in the National Service Trust and report on the eligibility of the member for an education award. It will also provide the Corporation with evaluation exit data.

PART 1

Member: Please Complete and Sign

1. Name _____
Last First MI

2. Social Security Number _____

3. Mailing Address (Where the education award should be sent, if mailed)

Number and Street

City

State

Zip Code

Email Address

Home Phone

Business Phone

Ext

4. For VISTA Volunteers only: I would like to

<input type="checkbox"/> Extend my service for less than a year	<input type="checkbox"/> Reenroll for another year
<input type="checkbox"/> Complete my service as scheduled	<input type="checkbox"/> Terminate my service early

5. Post Service Opportunities:

The Corporation for National and Community Service would like to encourage you to stay involved in service and help you connect with educational, professional, and alumni opportunities. If you are interested in staying connected with the following organizations, please let us know.

- Yes, I give the Corporation for National and Community Service permission to release my name, address (including e-mail), and telephone number to the following types of organizations:
- Educational institutions that are interested in recruiting former AmeriCorps, Silver Scholar, or Serve America Fellow program members or that provide special programs for former members
 - Organizations offering professional development opportunities or staff positions to AmeriCorps, Silver Scholar, and Serve America Fellow program members
 - AmeriCorps, Silver Scholar, and Serve America Fellow program Alumni organizations
 - Organizations that sponsor service opportunities and want to recruit former AmeriCorps, Silver Scholar, or Serve America Fellow program members

I am particularly interested in the following issue areas (please mark all that apply):

- | | | | |
|---|--|----------------------------------|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Public Safety | <input type="checkbox"/> Housing | <input type="checkbox"/> Health |
| <input type="checkbox"/> Natural & Other Disasters | | | <input type="checkbox"/> Infrastructure Improvement |
| <input type="checkbox"/> Environmental Stewardship & Conservation | | | <input type="checkbox"/> Energy Conservation |
| <input type="checkbox"/> Urban & Rural Development | | | <input type="checkbox"/> Faith & Community Based |

No, please do not share my information with other organizations

Certification of Service:

I certify that the time I reported as program service hours is true and correct and did not include any service activities prohibited by law, regulation, or grant provisions. I agree, by signing this form, to provide, if asked, documentation to verify the accuracy of the information I have provided in this form. I understand that a knowing and willful false statement on this form can be punished by one or more of the following: a fine or imprisonment (or both) under Section 1001 of Title 18, USC; exclusion from participation in Federal programs; forfeiture of benefits I may receive as a result of participation in this program; or other actions authorized by the Civil Fraud Remedies Act, 31 USC 3801-3812.

Member's Signature: _____ Date: _____

Privacy Act Statement -- In compliance with the Privacy Act of 1974, the following information is provided. The collection of this information is authorized by the provisions of the National and Community Service Act of 1990, as amended. The primary purpose of the information is to obtain from AmeriCorps program representatives their determination of whether a member successfully completed a term of service and is eligible to receive an education award. The evaluative information will help the Corporation improve its programming and services to members. For individuals who have indicated their desire to receive additional information on alumni organizations or special educational opportunities for alumni, members' names, addresses, and phone numbers will be shared with those organizations for that purpose. Information may also be provided to federal, state, and local agencies for law enforcement purposes. The information may be shared with other agencies, such as the Social Security Administration, through computer matching agreements for the purpose of verifying identity and citizenship status information provided by you. Information will not otherwise be disclosed outside the Corporation without written permission. The Internal Revenue Service has determined that the education award is taxable in the year it is used. Your Social Security Number (SSN) is solicited under the authority of the Internal Revenue Code (28 U.S.C. 6011(b) and 6109), for use as a taxpayer identification number. Failure to disclose the SSN or any other information may result in a denial of your receiving an education award or it may delay the processing of your education award.

OMB No.: 3045-0015

For Official Use Only

Exit information should be electronically submitted to the Corporation within 30 days of completion of service.

PART 2 **Certifying Official: Please Complete and Sign**

This section must be signed by an authorized certifying official. The program must designate certifying officials electronically to the Corporation for National and Community Service.

1. Name of Program or AmeriCorps*NCCC Campus _____

2. Operating Site I.D. Number _____

3. Hours of Service Performed _____
(not applicable for VISTA) Hours

4. Date of Completion of Term of Service _____
Month Day Year

5. Type of Enrollment
(Mark only one.)

- Full-time (1700 hours per year or 365 days for VISTA)
- Half-time (900 hours in up to 2 years)
- Reduced half-time (675 hours)
- Quarter time (450 hours)
- Minimum time/Summer (300 hours)
- Silver Scholar (350 hours min)

6. Education Award Status:

Indicate whether or not the Member is eligible for an education award. Please be sure to follow the Corporation's regulations in making this selection. If the Member is going to serve another term under the National Service Trust, a new National Service Enrollment Form must be completed.

- Eligible for entire education award (member successfully completed service)
- Eligible for partial education award (member did not fully complete service for compelling personal reasons)
- Not eligible for education award (member did not fully complete service requirements)
- Not eligible for education award (member chose alternative benefit)
- Not eligible for education award (member dismissed for misconduct)
- Not eligible for education award. Other (Specify): _____

Did the member perform satisfactorily (complete all assignments, tasks, and projects)? Yes No

7. Certification of Service

I certify that to the best of my knowledge and belief, the time the above-listed member reported as AmeriCorps, Silver Scholar, or Serve America Fellow program service hours did not include any service activities prohibited by law, regulation, or grant provision; That the member performed satisfactorily (completed all assignments, tasks, and projects); and That the hours of service performed indicated on this form for this service member are true and accurate.

I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C. or other actions authorized by the Civil Fraud Remedies Act, 31 USC 3801-3812.

Signature of Certifying Official: _____ Date: _____

Name of Certifying Official (Please Print): _____

Public reporting burden -- Estimated time to complete this form, including time for reviewing instructions, gathering, and providing the information needed to complete the form is 3 minutes for the Member section and 4 minutes for the Certifying Official section. Send comments regarding this burden or the content of this form to: Corporation for National and Community Service, National Service Trust, 1201 New York Avenue, NW, Washington, DC 20525. The Corporation informs the potential persons who are to respond to this collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number on this page of the form (see 5CFR 1320.5(b)(2)(1)).

SECTION XXII

COMPELLING PERSONAL CIRCUMSTANCES

Programs must include documentation of a compelling personal circumstance. (when applicable) This can include a Member's request to be released for compelling circumstances, a doctor's note or equivalent, or other documentation as necessary. Please note that any document (medical records, correspondence, etc.) that provides information about medical history or conditions should be stored in a separate locked file. Also, any correspondence from the Member or other official that refers to an item confidential in nature such as medical information or criminal record checks needs to be stored in a secured location other than the Member file.