

2008-2009 ENROLLMENT PAPERWORK



STEPS TO A SUCCESSFUL ENROLLMENT



AmeriCorps enrollment paperwork must be received by CNVS no later than **15 calendar** days from the member's AmeriCorps exit date.



Enrollment Checklist

- ✓ Proof of Eligibility (citizenship/residency)
- ✓ AmeriCorps Enrollment Form
- ✓ Member Service Contract
- ✓ Service Description Form and Position Description
- ✓ Pre-Service Skills Inventory
- ✓ National Criminal History Check Form
- ✓ Member Acknowledgement Form
- ✓ National Service Loan Forbearance Form (if applicable)

Forms must be signed and dated on or prior to the Service Start Date.

Proof of Eligibility (citizenship or residency)

**Members must show one original document to
Program Director from this list.**

CNVS/AEAP Identification/Eligibility Requirement

The Corporation for National and Community Service requires one of the following pieces of identification:

A birth certificate showing that you were 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

A US Passport

A Report of Birth Abroad of a U.S. citizen (PS 240) issued by the State Department

A certificate of birth-foreign service (PS 545) issued by the State Department

A certification of report of birth (DS-1350) issued by the State Department

A certificate of naturalization (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:

- Permanent Resident Card, INS Form I-551
- Alien Registration Receipt Card, INS Form I-551
- A passport indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence
- A departure record (INS Form I-94) indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence

You will be required to show documentation to your program director and they will complete a Member Eligibility Verification Form and you will send this form to CNVS with your enrollment paperwork.

SS card /drivers' license not acceptable.

Programs are required to make and keep copies of the document they verify. This form must be completely filled out and include a Document ID#. If a birth certificate does not have an ID#, write in the name of the state that issued the certificate.

Proof of Eligibility Form 08-09

Programs are required to make and keep copies of documentation used to verify citizenship or permanent residency unless prohibited by state law. Any one of the below documents is a adequate verification of eligibility.

Enrollments will not be processed without documentation ID. For birth certificates, please write in the name of the state that issued the document

Proof of Eligibility	
Member Name: _____ SSN: _____	
Check One	Documentation ID #
<input type="checkbox"/> Birth Certificate from one of the 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, or the Northern Mariana Islands.	State of Issue: _____
<input type="checkbox"/> Valid U.S. Passport issued to the individual as a U.S. citizen.	
<input type="checkbox"/> U.S. Dept. of State Form FS-240, Report of Birth Abroad of a Citizen of the United States.	
<input type="checkbox"/> U.S. Dept. of State Form FS-545, Certificate of Birth-Foreign Service.	
<input type="checkbox"/> U.S. Dept. of State Form DS-1350, Certificate of Report of Birth.	
<input type="checkbox"/> INS certificate of naturalization (INS Form N-550 or N-570).	
<input type="checkbox"/> INS certificate of citizenship (INS Form N-560 or N-561).	
<input type="checkbox"/> Permanent Resident Card (INS Form I-551).	
<input type="checkbox"/> Alien Registration Receipt Card (INS Form I-551).	
<input type="checkbox"/> A passport indicating that the INS has approved it as a temporary evidence of lawful admission for permanent residence.	
<input type="checkbox"/> A Departure Record (INS Form I-94) indicating that the INS has approved it as a temporary evidence of lawful admission for permanent residence.	
<input type="checkbox"/> Other – If one of the above primary documentation is not available, the program must obtain written approval from the Corporation for National and Community Service that other documentation is sufficient to demonstrate the individual's status as a U.S. citizen, U.S. national, or lawful permanent resident.	

The below signature certifies that I have reviewed the above checked document and believe it to be an authentic original document. A copy of this document is on file with our program.

Signature of Program Director


Date

Do not forget to sign and date.


AmeriCorps Enrollment Form

Member completes this page.

For Official Use Only



AMERICORPS ENROLLMENT FORM



Completion of this form is required to enroll as an AmeriCorps 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.

DIRECTIONS TO MEMBER:

1. Use blue or black ink.
2. Print clearly.
3. Please complete and sign Part 1 and Part 2.
4. Return the completed form to your Program Director.

PART 1 Member: Please Complete and Sign

1. Name Last _____ First _____ MI _____

2. Date of Birth _____ 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, I-551; (ii) an Alien Registration Receipt Card, I-551; (iii) a passport indicating that the INS has approved (i) as temporary evidence of lawful admission for permanent residence; or (iv) an I-94 indicating that the INS has approved (i) as temporary evidence of lawful admission for permanent residence. NO TE A student visa does not confer eligibility to enroll in an AmeriCorps program.

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

6. Male: 18-26 years old not yet registered with the Selective Service System: If you would like the Corporation for National and Community Service to provide the information on this page to the Selective Service System so that the agency may register you, please check this box

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 _____

8. 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 _____

9. Have you ever previously enrolled in an AmeriCorps program? No Yes If Yes, how many times: _____

10. Have you ever been released for cause from a term of service by this or any other AmeriCorps program? No Yes

By signing this enrollment form I agree, if asked, to provide information to verify the accuracy of my completed 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 in or other actions authorized by the Civil Fraud Remedies Act.

Member's Signature _____ Date _____

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Include valid email.

Do not forget to sign and date.

Fill out page 2 of Enrollment Form

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PART 2

Member: Please Answer the Following Questions

- What is your gender?
 - Female
 - Male
- Are you registered to vote?
 - Yes
 - No
 - Not sure
 - Not eligible
 - Prefer not to respond
- (Optional) Which of the following categories best describes your racial or ethnic origin? (Mark one or more from A and one from B)
 - A. Race**
 - American Indian or Alaska Native
 - Native Hawaiian or Other Pacific Islander
 - Black or African American
 - White
 - Asian
 - Other
 - B. Ethnicity**
 - Hispanic origin
 - Not of Hispanic origin
- Which one of the following best describes your marital status?
 - Single, never married
 - Married, living with husband/wife
 - Married, not living with spouse/legally separated
 - Widowed
 - Divorced
 - Prefer not to respond
- 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
 - Associate's degree (AA)
 - College graduate
 - Some graduate school
 - Graduate degree
 - Professional degree (medical, law)
- Do you have a disability?
 - Yes (Specify: _____)
 - No
 - Prefer not to respond
- Are you a veteran of the United States Armed Forces?
 - Yes
 - No
- 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/career 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: _____)
- How did you hear about this program? (Mark all that apply.)
 - Article
 - Advertisement in a newspaper/magazine
 - Guidance counselor/teacher
 - Parent/friend
 - Creator/former AmeriCorps Member
 - Friend told me/ad applied
 - TV commercial
 - Radio commercial
 - The Internet
 - AmeriCorps recruitment representative
 - Received information in the mail
 - AmeriCorps program poster
 - Other (Specify: _____)
- 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 9 minutes for the Member section and 4 minutes for the CalPang Official section. Send comments regarding this burden or the content of this form to: Corporation for National and Community Service, National Service Fund, 1201 New York Avenue, NW, Washington, DC 20025. The Corporation informs the potential persons who are to respond to the 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 1920.518(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 as amended by the National and Community Service Trust Act of 1992. The primary purpose of the information is to obtain from AmeriCorps program representatives the 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. 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) as selected under the authority of the Internal Revenue Code (26 U.S.C. 8011D and 8102) to 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 8.

OMB Approval No.: 2045-0088 Expires 01/11/2010

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Fill out page 3 of Enrollment Form

Member Social Security Number _____

DIRECTIONS TO CERTIFYING OFFICIAL:

1. Use blue or black ink. 3. Print clearly.
2. Please complete and sign Part 3. 4. If you are using WBERS or eSPAN, please provide the form to whoever enters data into that database for your program.

PART 3 Certifying Official: Please Complete and Sign

This section must be signed by an authorized certifying official. The program must designate certifying officials.

1. Type of Enrollment (Mark only one)

Full-time (1700 hours per year or 365 days for VISTA)
 Half-time (900 hours 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 AmeriCorps 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. Date of Enrollment: _____ mm/dd/yyyy

5. Type of Program

AmeriCorps National Direct
 AmeriCorps State
 AmeriCorps Tribe
 AmeriCorps Territory
 AmeriCorps National/Climate Community Corps
 AmeriCorps Education Award Program
 AmeriCorps Promise Fellows
 AmeriCorps America Reads
 AmeriCorps Governor's Initiative
 Other (specify): _____

6. Program Information ***THIS SECTION CNVS AEAP STAFF ONLY***

Name of Program or AmeriCorps NCCC Campus Catholic Network of Volunteer Service AmeriCorps Education Awards Program

Operating Site I.D. Number 08EDHMD001

Number and Street 6930 Carroll Avenue, Suite 820

City Takoma Park State MD Zip Code 20912

Business Phone (301) 270-0900 Ext _____

Signature of Certifying Official _____ Date _____
Signature of CNVS AEAP Staff

Name of Certifying Official (Please Print): _____
Name of CNVS AEAP Staff

I understand that knowingly and willfully false statement on this form can be punished by a fine, imprisonment or both under Section 1001 of Title 18, U.S.C.

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Only fill out #1 and #4 in this page.

In #1: CNVS only offers full-time, half-time and minimum-time terms of service. All terms of service are up to 12 months.

In #4: The Date of Enrollment should be the same as the “Service Start Date” indicated in the Member Service Contract.

Member Service Contract-P1

All 10 pages must be submitted to CNVS or it will be considered incomplete.

Must be signed before or on the service start date.

Req'd info



Member Service Contract 08-09

I. PURPOSE
It is the purpose of this agreement to delineate the terms, conditions, and rules of Membership regarding the participation of _____ (hereinafter referred to as the "Member") in the CNVS AmeriCorps Education Awards Program (hereinafter referred to as "CNVS AEAP") through the _____ Volunteer Program hereinafter referred to as the "Program").

II. MINIMUM QUALIFICATIONS
The Member certifies that he/she is a United States citizen, a United States national, or a lawful permanent resident alien and at least 17 years of age. By signing this contract the Member will also certify, under penalty of law that he/she has a high school diploma or equivalency certificate, or agrees to obtain one before using the education award. Please complete the information below. This information is required.

Degree Held	Mark Appropriate Certification	Institution and Location Where Degree Completed	Date of Completion
High school diploma			
High school equivalency certificate			
Expect to complete high school diploma or equivalency certificate before using the education award.			

III. TERMS OF SERVICE

The Member's term of service begins on _____ and
Enrollment date in AmeriCorps

ends on _____
Expected exit date in AmeriCorps

The Program, CNVS AEAP, 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.

Service start date



Service end date



These are the service start (AmeriCorps enrollment) and end dates (AmeriCorps exit) for service time in the AmeriCorps program.

Member Service Contract-P2

Minimum hours

F. The Member will complete a minimum of _____ (Insert hours here) (1700* hours for full-time, 900 hours for half-time, and 300 hours for minimum-time) of service during this period. *Or the exact number of hours your Program requires — must be at least 1700 for full-time. Of these hours, a maximum of 20% of your total hours may be credited to training, education, and other similar approved activities. No more than 10% of your required minimum hours can be accredited to allowable fundraising activities.

Change in term of svc

G. The Member understands that there is a 90-day period from date of enrollment in AmeriCorps when the Member may request a change in term of service. The Member must use the Member Change of Service Form provided by your Program Director. Requests will not be automatically granted and will depend on slot availability. After the 90-day period, the Member cannot change the term of service and will not receive a partial award if he/she is unable to meet the minimum required hours for that term of service.

What it means to “successfully complete program” for ed award.

D. 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) and to be eligible for the education award, he/she must complete the required minimum hours for the term of service, satisfactorily complete pre-service training (including AmeriCorps orientation and the appropriate education/training that relates to the Member’s ability to perform service), and complete all CNVS AEAP paperwork by the established deadlines. Failure to complete paperwork on time may result in suspension from CNVS AEAP and could lead to loss of the education award.

E. 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 the Program will be based on at least the end-of-term evaluation of the Member’s performance focusing on factors such as whether the Member has:

1. Completed the required number of hours;
2. Satisfactorily completed assignments, tasks, or projects; and
3. Met any other criteria that were clearly communicated both orally and in writing at the beginning of the term of service.

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

IV. SERVICE DESCRIPTION AND SERVICE SITE INFORMATION

A. Service Description Form(s): All applicable forms, including position descriptions provided by the Service Site, are part of the Member service contract.

V. BENEFITS

A. Upon successful completion of the Member’s term of service, the Member will receive an education award from the National Service Trust as follows:

Position	No. of Minimum Hours	Award	Time Required for Completion
Full-Time	1700 Hours	\$4,725.00	Up to 12 months
Half-Time	900 Hours	\$2,362.50	Up to 12 months
Minimum-Time	300 Hours	\$1,000.00	Up to 12 months

1. If the Member has not yet received a high school diploma or its equivalent (including an alternative diploma or certificate for individuals with learning disabilities), the Member agrees to obtain a high school diploma or its equivalent before using the education award. This requirement can be waived if the Member is enrolled in an institution of higher education on an

Late paperwork could lead to suspension or loss of ed award.

Member Service Contract-P3

ability to benefit basis or CNVSAEAP has waived this requirement due to the results of the Member's education assessment.

2. The Member understands that his or her failure to disclose to the Program and CNVSAEAP any history of having been released for cause from another AmeriCorps program will render him or her ineligible to receive the education award.

B. Upon enrollment and acceptance into CNVSAEAP, the Member is eligible for forbearance of any qualified student loans.

C. If the Member has received forbearance on a qualified student loan during the term of service, the National Service Trust will repay a portion or all of the interest that accrued on the loan during the term of service. Payment amounts depend on the term of service.

VI. RULES OF CONDUCT

A. While charging time to CNVSAEAP, accumulating service or training hours, or otherwise performing activities supporting the AmeriCorps program or the Corporation for National and Community Service, Members may not engage in the following activities:

1. Engage in any activity that is illegal under local, state, or federal law.
2. Engage in activities that pose a significant safety risk to others.
3. Engage in any AmeriCorps prohibited activities that include:
 - a. any activity involving attempting to influence legislation or an election or aid a partisan political organization;
 - b. helping or hindering union activity;
 - c. engaging in religious instruction;
 - d. conducting worship services;
 - e. engaging in any form of religious proselytization;
 - f. organizing or engaging in protests, petitions, boycotts, or strikes;
 - g. impairing existing contracts for services or collective bargaining agreements;
 - h. participating in, or endorsing, events or activities that are likely to include advocacy for or against political parties, political candidates, political platforms, pro-proposed legislation, or elected officials;
 - i. providing a direct benefit to a for-profit entity, a labor union, a partisan political organization, a religious organization, or a non-profit that engages in lobbying.
 - j. voter registration drives held by AmeriCorps Members are unacceptable service activities. In addition, Corporation funds may not be used to conduct a voter registration drive.
4. Dedicate more than 10% of their minimum required hours to fundraising efforts.
5. Dedicate more than 20% of total hours to training and enrichment activities.

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

1. Demonstrate mutual respect towards others.
2. Follow directions.
3. Direct concerns, problems, and suggestions to your site supervisor, Program Director or CNVSAEAP.

C. The Member understands that the following acts also constitute a violation of the CNVSAEAP rules of conduct:

1. Unauthorized tardiness.
2. Unauthorized absences.

Observe the Rules of Conduct

Member Service Contract-P4

Drug-free workplace Act

3. Repeated use of inappropriate language (i.e. profanity) at a service site.
 4. Failure to wear appropriate clothing to service assignments.
 5. Stealing or lying.
 6. ^{**}Engaging in any activity that may physically or emotionally damage other Members of the program or people in the community.
 7. ^{**}Unlawful manufacture, distribution, dispensation, possession or use of any controlled substance or illegal drugs during the term of service.
 8. ^{**}Consuming alcoholic beverages during the performance of service activities.
 9. ^{**}Being under the influence of alcohol or any illegal drugs during the performance of service activities.
 10. ^{**}Failing to notify the Program and CNVS AEAP of any criminal arrest or conviction that occurs during the term of service.
- ^{**} May result in immediate dismissal.

D. Under the Drug-Free Workplace Act, you must notify the Program Director within 5 days, if you are convicted under any criminal drug statute. Your participation in CNVS AEAP is conditioned upon compliance with this notice requirement and we will take action for violation of this.

E. In general, for violating the above stated rules in section VI(C), the Program and/or CNVS AEAP will do the following (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):

1. For the Member's first offense, an appropriate official will issue a verbal warning to the Member.
2. For the Member's second offense, an appropriate official will issue a written warning and reprimand the Member.
3. For the Member's third offense, the Member may be suspended for one day or more without compensation and will not receive credit for any service hours missed.
4. For the fourth offense, the Member may be released for cause.

F. The Member understands that he/she will be either suspended or released for cause in accordance with paragraphs (B), (C), and (F) of 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, possession, sale, or distribution of a controlled substance.

VII. RELEASE FROM TERMS OF SERVICE

A. The Member may be released by CNVS AEAP from the term of service in the following two ways:

1. Suspension, as described in paragraphs (F) of this section; or,
2. Termination.

B. The Member understands that he/she may be released for the following two reasons:

1. For cause, as explained in paragraph (C) of this section; or
2. For compelling personal circumstances as defined in paragraph (F) of this section.

C. CNVS AEAP will release the Member for cause 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;

Notify CNVS within 5 days of charge of conviction for violent felony, possession, sale, or distribution of a controlled substance.

Release from Term of Service:

Suspension, termination, and early withdrawal

Member Service Contract-P5

Early withdrawal due to compelling personal circumstances may be eligible for pro-rated partial award.

Terms for suspension.

Includes suspension for late paperwork.

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 paragraph (E) of section VI of this agreement;
4. The Member has committed any of the offenses listed in V(C) or
5. Any other serious breach that in the judgment of the director of the Program would undermine the effectiveness of the program.

D. CNVS AEAP may release the Member from the term of service 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 non-renewal or premature closing of a project or the program.

E. Compelling personal circumstances do not include leaving CNVS AEAP:

1. To enroll in school;
2. To obtain employment, other than in moving from welfare to work; or
3. Because of dissatisfaction with the program.

F. CNVS AEAP may suspend the Member's term of service for the following reasons:

1. During the term the Member requests a suspension based on compelling personal circumstances, as described in paragraph (D) of this section. During the suspension from service, the Member will not receive credit for service hours or benefits (as described in Section V). The Member may resume his or her term of service once the circumstances supporting the suspension have been resolved. However, a suspension may last no more than two years from the date of suspension. If the Member does not resume the term within the two year period, the Member may request that the program exit the Member and the Member will be eligible for a partial education award based on the number of hours served in the term.
2. 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 credit for any service hours missed as a result of the suspension.)
3. 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 enrollment in an approved drug rehabilitation program, the Member may resume the term of service. The Member will not receive credit for any service hours missed as a result of the suspension.)
4. During the term of service the Member consistently misses paperwork deadlines and has been warned by CNVS AEAP in writing at least three (3) times. (If, however, the Member makes up for missed paperwork, the Member may resume the term of service. The Member will not receive credit for any service hours missed as a result of the suspension.)

Member Service Contract-P6-P7

<p>G. CNVS AEAP may suspend the Member's term of service for violating the rule of conduct provisions set forth in paragraph (C) of section VI of this agreement.</p> <p>H. If CNVS AEAP releases the Member for cause or for compelling personal circumstance, the Member will cease to receive the benefits described in paragraph (C) of section V.</p> <p>I. If CNVS AEAP releases the Member for cause the Member will receive no portion of the education award. If, however, CNVS AEAP releases the Member for compelling personal circumstances, the Member will receive a prorated education award, provided the Member has completed at least 15 percent of the hours needed to complete the term of service.</p> <p>J. A term that ends early, either for cause, or for compelling personal circumstances, is still considered a term and the education award that the Member receives, or would have been eligible to receive, will count towards the total of two education awards an individual may receive through service with AmeriCorps.</p> <p>VIII. GRIEVANCE PROCEDURES</p> <p>A. The Member understands that the Program may have a grievance procedure to resolve disputes. The Member also understands that CNVS AEAP has a grievance procedure to resolve disputes concerning the member's suspension, dismissal, service evaluation or proposed service assignment. The Member understands he/she may file a grievance in accordance with this time.</p> <p>B. In the event that informal efforts to resolve disputes with labor unions, and other interested individuals may be used, the Member understands that the grievance procedures. These procedures are intended to resolve disputes concerning assignments, evaluations, suspensions, or reselection of Members, and displacement of Members.</p> <p>1. INFORMAL RESOLUTION: The Member understands that the Program may have a grievance procedure to resolve disputes whenever possible. If this cannot occur, the Member understands that the Program may have alternative means of informal Alternative Dispute Resolution or facilitation.</p> <ol style="list-style-type: none">The opportunity for ADR must be provided at the time of the occurrence.At the initial session, the aggrieved party must be given the opportunity to file a grievance, and of their right to do so.A neutral, third party must facilitate the proceedings in resolving the matter and assist the parties in resolving the matter through a written agreement. The neutral third party must be impartial in their previous decisions concerning the resolution. The neutral party may be a representative of the Program.The proceedings must be informal (no formal hearing or arbitration), and no communications of the grievance hearing or arbitration should be made to the media.If the matter is not resolved within 30 days, the aggrieved party must be informed in writing of their right to file a grievance.At any time, the aggrieved party may file a grievance with CNVS.	<p>2. FILING A FORMAL GRIEVANCE: The aggrieved party should make a written request for a hearing to CNVS AEAP. An aggrieved party may request a grievance hearing without participating in ADR or, if ADR is selected, if it fails to result in a mutually agreeable resolution.</p> <ol style="list-style-type: none">Grievances must be filed with CNVS AEAP within one year of the date of the alleged occurrence.CNVS will conduct a hearing no later than 30 days after the filing of a formal grievance.The Member can submit a written request that includes, to the best extent possible, the following information:<ul style="list-style-type: none">The full name, telephone number, email, and address of the person making the complaint;The full name and address of the party against whom the complaint is made, or other information sufficient to identify the party against whom the complaint is made;A clear and concise statement of the facts, as alleged, including pertinent dates, constituting the alleged violations;The provision of the act, regulations, grant, contract or other agreements under the act believed to have been violated; andThe relief requested.If the grievance pertains to a disciplinary decision, the Program should make available to the aggrieved party information that it relied upon in its disciplinary decision.The Program Director may conduct a pre-hearing conference with the aggrieved party or parties. Pre-hearing conferences are not a substitute for a hearing. They are intended to facilitate a mutually agreeable resolution of the matter to make a hearing unnecessary or to narrow the issues to be decided at the hearing. The format of the pre-hearing conference may be flexible, involving meetings with one party at a time, and/or with both parties together.A CNVS designee will conduct the grievance hearing. The person conducting the hearing may not have participated in any previous decisions concerning the issue in dispute. The hearing must be held within 45 days after the request for arbitration.A written decision will be made no later than 60 days after the filing. <p>3. FILING AN APPEAL: An aggrieved party may request binding arbitration if a grievance hearing decision is adverse or if no decision is made within 60 days of the filing of the grievance.</p> <ol style="list-style-type: none">A written request for binding arbitration must be received by CNVS AEAP.The arbitrator must be independent and selected by a agreement of the parties. If the parties cannot agree on an arbitrator, the Corporation's Chief Executive Officer will appoint one within 15 calendar days after receiving a request from one of the parties.An arbitration proceeding will be held no later than 45 days after the request for arbitration, or no later than 30 calendar days after the appointment of an arbitrator by the Corporation's CEO.An arbitration decision will be made no later than 30 calendar days after the commencement of the arbitration proceeding.The cost of arbitration will be divided evenly between the parties, unless the aggrieved party prevails, in which case the Program will pay the total cost of the proceeding as well as the prevailing party's attorneys' fees.
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CNVS has grievance procedures in place. These procedures are meant to address disputes regarding service-related issues such as assignments, evaluations, suspensions, or release for cause, non-selection of members, displacement of employees or duplication of activities.

We recommend you first make use of your program's conflict resolution process. However, you may file a grievance with CNVS at any time within the established time limits.

Member Service Contract-P8

IX. Notice of Nondiscrimination, Reasonable Accommodation, and Harassment

Programs participating in the Catholic Network of Volunteer Service AmeriCorps Education Awards Program (CNVS AEAP) will not discriminate in the selection and participation of AmeriCorps Members based on race, color, religion, sexual orientation, military discharge, sex, national origin, age, disability, or any other characteristic unrelated to the ability to perform the essential functions or basic tenets of programs participating in CNVS AEAP, or any bona fide occupational qualifications.

The majority of Programs in CNVS have a distinct faith-based heritage, which all applicants will understand represents the spiritual foundation of these programs. If an individual chooses to participate in religious activities separately from the AmeriCorps Education Awards Program (AEAP), any such participation is voluntary and may not be counted towards completing the AmeriCorps term of service, (see AmeriCorps Prohibited Activities).

Programs participating in CNVS AEAP will make reasonable accommodations for qualified individuals with known disabilities, as long as the accommodation does not impose an undue hardship on the program. This policy governs all aspects of the program, including selection, placement assignment, compensation, and access to benefits and training.

Programs participating in AEAP will make every effort to ensure that service sites have similar non-discrimination policies. Any Member with questions or concerns about any type of discrimination in their service site are encouraged to bring these issues to the attention of their immediate supervisor, superior, Program Director, and/or CNVS AEAP Staff. If the service site is found to be engaging in such activities, removal of current Member(s) (and denial of future Members at that service site) can result.

Discrimination on the part of fellow Members will also not be tolerated. Anyone found to be engaging in any type of unlawful or harassing discrimination will be subject to disciplinary action, up to and including dismissal from the program.

Programs participating in AEAP will not tolerate harassment of any kind. Harassment includes threatening or insinuating that the refusal to submit to sexual advances will adversely affect admission or program benefits. Harassment may also include conduct such as unwanted sexual flirtation or touches; abusive or degrading language; graphic or suggestive comments; or displaying inappropriate objects or pictures. Any Member who believes that he or she has been subject to harassment of any kind, or who has knowledge about harassment of others, should report the harassment to an immediate supervisor, superior, Program Director, and/or CNVS AEAP Staff. Any Member who is found to have engaged in harassment will be subject to appropriate discipline, up to and including expulsion from CNVS AEAP.

It is also unlawful to retaliate against any person who, or organization that, files a complaint about discrimination. In addition to filing a complaint with the Program and/or CNVS AEAP, 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); (202) 606-2799 (TTY)
(202) 606-3465 (FAX); eo@cns.gov (e-mail)

Public notice of non-discrimination, non-harassment, and reasonable accommodation policies.

Member Service Contract-P9

Members and programs share responsibility for the AmeriCorps program.

This section must be completed or contract will be considered incomplete.

X. WAIVER OF RESPONSIBILITY

The Member and the Program acknowledge by their signature in this contract that CNVS AEAP is not responsible for funding or replacing the education award or other benefits provided by AmeriCorps in the event that payment should be revoked or withheld for any reason including, but not limited to: lack of appropriate documentation, misunderstanding of AmeriCorps and its benefits, miscommunication of the rules between the Program and the Member, failure to successfully complete hours, completion, and the attempt to count as AmeriCorps hours prohibited activities, or any other circumstance considered worthy by the federal government for withholding or revoking these funds.

XI. PUBLICITY RELEASE AUTHORIZATION

I, _____ (Member name), give Catholic Network of Volunteer Service AmeriCorps Education Awards Program (CNVS AEAP) permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of AmeriCorps program activities.

I agree that CNVS AEAP has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the mission of CNVS AEAP. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc for the use of such pictures, etc., and hereby release the Catholic Network of Volunteer and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

- I give my consent to CNVS AEAP to use my name and likeness to promote the CNVS AmeriCorps Education Awards Program, its fiscal agent, and/or their activities.
- I do not give my consent to CNVS AEAP to use my name and likeness to promote the CNVS AmeriCorps Education Awards Program, its fiscal agent, and/or their activities.

XII. ACKNOWLEDGEMENT OF ENROLLMENT/EXIT DEADLINE

The Member and Program acknowledge by their signature in this contract that CNVS AEAP has a 15-day deadline from the first day of service as stated in this Contract to enroll Members in the CNVS AmeriCorps Program. Enrollment paperwork that is received by CNVS AEAP after the 15-day deadline may require changes in the original enrollment date. If the paperwork received is incomplete or missing signatures or other important information, it may also affect the enrollment date.

In such cases, CNVS AEAP will communicate the need to change the enrollment date to the Program Director in writing. It is the Program's responsibility to consult with the Member and arrange for a new start date to be communicated to CNVS AEAP in writing. It is also the Program's responsibility to inform the service sites, site supervisors, and other relevant parties that might be affected by this change. CNVS AEAP will confirm the new date with the Member in writing. These communications will be included in the CNVS AEAP Member File and will be considered amendments to this Contract.

CNVS has a 15 calendar day deadline for enrollments and exits. Failure to meet the deadline affects your status and education award.

Member Service Contract-P10

CNVS AEAP has a similar 15-day deadline for processing exit paperwork. Exit paperwork should be received by CNVS no more than 15 days after the last day of service. The Member and/or Program will be notified if paperwork is not received by the due date or if paperwork is incomplete. Members will be notified in writing at least once before being exited without the education award.

XII. AMENDMENTS TO THIS AGREEMENT

This Contract may be changed or revised only by written consent by all parties.

XIII. AUTHORIZATION

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

*Ameri Corps Member

*Program Director

*Signature

*Signature

*Date

*Date

*Parent/Legal Guardian (if Member is under 18 years of age)

**** INCOMPLETE FORMS WILL NOT BE PROCESSED AND WILL DELAY YOUR ENROLLMENT****

CNVS AEAP ONLY

CNVS AEAP STAFF

Signature

Date

Make sure you and the Program Director SIGN and date this contract. Signatures must be ON or BEFORE service start date.

If a member will be under 18 years old on the first day of their service start date, a parent or Guardian must sign this form also.

Service Description Form(s)-P1

- Contains information on service site and information related to service activity reporting requirement.
- Members may have up to two distinct service positions at a time and a service description form must be filled out for each distinct service position. (Members will report on each position separately).
- This form is not complete without a type-written position description provided by the service site.

If you change positions mid-year, fill this out.

ⓐ CNVS AEAP SERVICE DESCRIPTION (1) 08-09

Member Name: _____ if mid-term change, indicate start date: _____

Position Title: _____

Name of Service Site:	
Brief description of mission/objective of service site:	
Mailing Address:	
Site Supervisor Name:	
Site Supervisor Phone:	
Site Supervisor Email:	

Population Served: (mark as many as apply)

- Children (birth to 9 years)
- Youth (10-23 years)
- Adults (24-55 years)
- Seniors (56+ years)

Average Weekly Hours: _____

Service Term:

- FULL-TIME (1700 HOURS)
- PART-TIME (900 HOURS)
- MINIMUM-TIME (300 HOURS)

1) Please attach a position description that describes your main responsibilities/duties and the essential functions of the position. Include relevant characteristics of the population served (e.g. homeless, at-risk youth, etc.). The position description should specify the types of AMERICORPS duties, service activities, and assignments the member will be expected to complete. Only activities that can and will be credited to AmeriCorps time should be presented (e.g. no prohibited activities).

2) Service positions will fall into one of four primary service areas. Please indicate the area corresponds to this position. You may only choose one.

- Education
- Nutrition
- Health
- Social services/other human needs

Each position description falls into one of the four primary service areas.

Depending on your main service activities, you will report on one of these four service areas.

Service Description Form(s)-P2

Please fill out this section.

This is important information we collect as part of our program's performance measures.

SERVICE GOAL FOR SERVICE DESCRIPTION(1)
What do you hope to achieve or contribute in this position by the end of your term of service?
LEARNING GOALS FOR SERVICE DESCRIPTION(1)
What do you hope to learn during your term of service? This can be personal or professional goal.
<input type="checkbox"/> I have completed the online Pre-Service Skills Inventory <u>or</u> <input type="checkbox"/> I am attaching the completed Pre-Service Skills Inventory
INCOMPLETE FORMS WILL NOT BE PROCESSED AND WILL DELAY YOUR ENROLLMENT

Don't forget to add the type-written position description!

Service Description Form(s)-P3

The service position description is considered part of the member service contract. The position is provided by the service site and should be type-written (not handwritten).

It should include at least a brief description of the organization, the position title, the essential function of the position and principal responsibilities/activities, and minimum requirements. Other elements that may be added include training and professional development opportunities.

The position description should not include AmeriCorps prohibited activities.

SAMPLE POSITION DESCRIPTION FOR AMERICORPS

Smith Town AmeriCorps Program
Smith Town, MD

Smith Town AmeriCorps is a non profit organization that provides tutoring and enrichment services for elementary aged children. Population served: Our volunteers serve at local schools during and after school hours, and during summer vacation.
(Location and program description of service site, and population served)

Smith Town AmeriCorps Tutor
(Title)

Summary Statement:

The tutor reports to the AmeriCorps Project Director and is responsible for helping to improve the reading levels of kindergarten to third grade students in local elementary schools who are reading below grade level. Tutoring will take place during the school day and after school, and during summer vacation. Will also lead (and drive organizations passenger van on) enrichment activities and field trips to museums, plays, swimming pools, hiking trails and other community resources. 30-35 hours per week.

Essential Functions:

1. Knowledge of Paired Reading Technique (1/2 day pre-service training provided)
2. Complete of weekly time sheets, signed by AmeriCorps Project Director
3. Attend reflection meetings several times each month with other members and project staff
4. Record and document project activities and accomplishments

Minimum Requirements:

1. Good academic standing
2. Completion of the Paired Reading Technique training and ongoing project meetings
3. Willingness to make a strong commitment to the program
4. Proficient Oral and Writing communication skills for the purposes of record keeping and documentation
5. Ability to communicate effectively with culturally diverse populations
6. Sensitivity to school culture and rules
7. A desire to work with young children
8. Valid Driver's license and acceptable driving record

(Full description of service activities & minimum requirements)

Pre-Service Skills Inventory

CNVS collects information on skills acquired or improved during their term of service. This form can also be completed online through the CNVS website, AmeriCorps Current Members' Site.

Pre-Service Skills Inventory 08-09

Dear CNVS AmeriCorps Member,

The pre-service skills inventory lets us explore how your skills set improves during your term of service. Here you are asked to rate two distinct skill sets prior to your AmeriCorps term of service. You will be asked to rate these two skill sets at the end of your term of service as well. Remember that this inventory is part of your ENROLLMENT PAPERWORK, so make sure you include this in your Enrollment Packet. For questions, please ask your Program Director or contact CNVSAEAP.

*** 1. Please rate your skills in the following areas according to your own self evaluation prior to the start of your service.**

	Poor	Fair	Strong	Very Strong
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Construction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 2. Please rate your skills in the following areas according to your own self evaluation prior to the start of your service.**

	Poor	Fair	Strong	Very Strong
Conflict Resolution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Goal Setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Speaking/Presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Team Building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding Diversity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Members completing PAPER FORM: Please include all pages of this survey with your AmeriCorps enrollment paperwork.

*** 3. This member has completed the Pre-service Skills Inventory.**

Please enter the following information:

Member Name:

Volunteer Program Name:

Members completing it online need to include a confirmation page in your enrollment paperwork.

National Service Criminal History Check Form

Form must be filled out completely. Check must meet the requirements of the policy.

Gov. issued photo ID # is required.

Check must be at least initiated with NSOPR completed for CNVS to enroll member.

Form must be signed AND dated.

If member is second year and has had a break in service no longer than 30 days, a check is not required BUT THIS FORM STILL NEEDS TO BE FILLED OUT.

Criminal History Check Form 08-09

All applicants to CNVS AEAP are required to have a criminal history check consisting of:

- 1) State Criminal Registry Check(s)
- 2) National Sex Offender Public Registry Check (NSOPR)
- 3) Photo ID verification

It is CNVS AEAP policy that programs perform a state criminal registry check in the state where the placement site operates and the state where the applicant resides at the time of application. An FBI fingerprint check may substitute for the state check requirement, but the NSOPR check must still be performed.

Check here if the applicant is beginning a second consecutive term in this program and he/she has no more than 30 days break in service

Member Name: _____
Last Middle First

1) State Criminal Registry Check (or FBI fingerprint check) was completed on: _____
Date

*If state/FBI fingerprint check has been initiated: _____
Date

2) National Sex Offender Public Registry Check was completed on: _____
Date

Govt Issued Photo ID: _____

Doc #: _____

The program has prior, written authorization from the applicant to conduct the state criminal registry check or FBI fingerprint check and is authorized to share the results of that check within the program, as deemed appropriate.

The applicant understands that enrollment in CNVS AEAP is contingent on the program's review of the applicant's criminal history (if any), and the program provides applicants with the opportunity to review and challenge the results before any action is taken.

The program has in place confidentiality safeguards for any information relating to the criminal history record check, consistent with the authorization provided by the applicant.

The program certifies that it has conducted the required checks in accordance with the CNVS AEAP Criminal History Check Policy, has documentation of the results (unless precluded by state law), and considered the results in selecting the applicant for participation in CNVS AEAP.

Program Director's Signature

Date

Member Acknowledgement Form

Member Acknowledgement Form 08-09

Member Name: _____

Volunteer Program: _____

Service Site: _____

Member Initials

1. My term of service is for _____ months (no more than 12 months for any term of service) and for no less than _____ hours.	
2. I understand what it means to be an AmeriCorps member and will abide by the program standards of conduct.	
3. Prohibited activities have been explained to me.	
4. I understand that it is not just the service hours that justify successful completion of CNVS AEAP, but that other elements including staying until the end of the program, attendance, and participation are also requirements.	
5. I agree to complete all required paperwork in a timely manner and understand that CNVS AEAP has a 15-day enrollment/exit deadline. I further understand that failure to complete all required paperwork on time may result in suspension and/or loss of the Ed Award.	
6. I understand that the Education Award does not have the flexibility of a traditional scholarship- that it is a voucher that may be used to repay qualified students loans or pay for qualified future educational expenses.	
7. I understand that I can submit a paper forbearance form to CNVS AEAP for certification or I may request forbearance online through the My AmeriCorps Portal. I understand that am solely responsible for following up with my loanholder on any forbearance request processed by CNVS AEAP. CNVS AEAP is not responsible for requests which, for any reason, are not received or processed by the loanholder.	
8. I was provided with a written copy of the grievance policy and procedures and the process has been explained to me.	
9. I understand that enrollment in AmeriCorps is limited to two terms, and that an Education Awards AmeriCorps term is equivalent to a regular AmeriCorps term. In addition to two AmeriCorps terms, I may also serve one additional term in another program (VISTA, etc.).	
10. The CNVS Education Awards Program has been explained to me including: accrual of hours, prohibited activities, evaluation procedures, and the education award benefit.	
11. I have participated in a CNVS AEAP/Program AmeriCorps orientation and was given the opportunity to ask my program director questions.	

Member Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

INCOMPLETE FORMS WILL NOT BE PROCESSED AND WILL DELAY YOUR ENROLLMENT™

This form must be filled out completely.
All boxes must be initialed for enrollment.
Don't forget to sign and date this form!

National Service Loan Forbearance

- As an AmeriCorps member, you are eligible for **national service forbearance**.
 - Forbearance is NOT the same thing as deferment.
 - National Svc forbearance is a mandatory forbearance.
- Private loans are generally not eligible for national service forbearance.
- There are two ways to apply:
 - Fill out the form in your Member Handbook and return to CNVS.
 - Once you have been enrolled by CNVS in the federal database, you can apply online at <https://my.americorps.gov>

National Service Loan Forbearance

Forbearance Form Checklist 08-09

Members Submitting Paper Forbearance Forms

In order to ensure that your student loan forbearance process is as smooth as possible, please follow the steps below:

- Call your Lender. You will want to find out if your loans are federal or private. (NOTE: Only federal loans are guaranteed to honor National Service forbearance) Also find out if your loan is in grace period and when that grace period will end. Be sure to inform your lender that you will be requesting National Service forbearance.
- Complete one form for each lender or servicing agency.
- Call your Lender AGAIN. After submitting the forbearance form, call your lenders within a week to confirm that the request has been received. CNVS AEAP is not responsible for requests that are not received by the lender.
- Grace Period. If your loan is in its grace period, send this form 1-2 months before the end of your grace period. CNVS AEAP will send request right away and will not hold any forms. If you send your request in too early, your request may not be processed by the lender.

YOU ARE RESPONSIBLE FOR ANY PAYMENTS DUE UNTIL YOUR FORBEARANCE IS APPROVED.

Forbearance Form

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE FORBEARANCE REQUEST FOR NATIONAL SERVICE FORM

Under the National and Community Service Trust Act of 1993, borrowers serving in approved national service positions in AmeriCorps qualify for mandatory forbearance during a year, which postpones the member's obligation to make loan payments. For the Family Education Loan Program (FFELP) loan forbearance may be granted in increments of up to 12 months in a year. Members may reapply if they continue to serve. Forbearance is granted by the lender.

Mandatory forbearance for approved national service positions is available for the following educational loans: Federal Family Education Loans (Subsidized and Unsubsidized Stafford Loans, Supplemental Loans to Students (SLS), Consolidation Loans), William D. Ford Federal Direct Loans (Direct Subsidized and Unsubsidized Stafford Loans, and Direct Consolidation Loans), Federally Insured Student Loans (FISL), Health Education Assistance Loans (HEAL), Health Professions Student Loans (HPSL), Loans for Disadvantaged Students (LDS), Nursing Student Loans (NSL), and Primary Care Loans (PCL). Other educational forbearance may be available for Federal Perkins Loans and loans made directly to the member by issuer agency.

During the service period, interest continues to accrue. Upon successful completion of the term of a serviceable National Service Trust, will pay off all in a portion of the interest that has accrued. The member leaves no service debt for debt that exceeding post-term interest because he or she will be responsible for payment of interest. While interest is unpaid it may be capitalized. If a member is paid during a period not covered by the forbearance period, the loan holder may go on an administrative forbearance to resolve the delinquency or the user may request a processed and may capitalize all unpaid interest.

INSTRUCTIONS

FOR THE AMERICORPS MEMBER: Complete one of these forms for each of your service periods. After completing the forbearance request, give the form to your program director or supervisor who will forward the request to the lending institution or loan servicer as shown below.
FOR THE PROGRAM DIRECTOR OR SITE SUPERVISOR: After completion of the member's participation in the space provided, forward the form to the lending institution or loan servicer named below.

MEMBER SECTION (Must be completed in full and signed in ink by the AmeriCorps member - please print)

Name of AmeriCorps Member: _____ SSN: _____

Current Address: _____

City/State/Zip: _____ Phone: _____

National Service Period			Dates of Mandatory		
beginning date			estimated completion date		
Mo.	Day	Year	Mo.	Day	Year
_____	_____	_____	_____	_____	_____

Signature of AmeriCorps Member: _____ Date: _____
 I am requesting forbearance on my loan(s) and am serving in an AmeriCorps program.

Please use one form for each loan holder you want to receive a forbearance request. Provide the name and address of the loan holder.

Name of Lending Institution/Loan Servicer: _____
 Address: _____
 City/State/Zip: _____ Phone: _____

FOR COMPLETION BY AUTHORIZED PROGRAM OFFICIAL

I certify that this borrower is serving in a qualified national service position for the period indicated above.

Signature of authorized official: _____ Date: _____

Program name & address: _____

City/State/Zip: _____ Phone: _____

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, as amended by the National and Community Service Trust Act of 1993. The primary purpose of the information is to enable an AmeriCorps member to receive forbearance on qualified student loans during a period of service. Information for official use only, and will be provided only to identified lending institutions in order that forbearance may be granted. Your Social Security Account Number (SSAN) is released under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109). The use of a taxpayer identification number (TIN) is mandatory because the Internal Revenue Service has determined that the information is needed to make income tax reporting and because the holder of a student loan retransmits the information to the borrower's SSN. Providing all other information on this form is voluntary, but failure to do so may result in a denial of a payment being made. Your year of service is only delay a payment from your instance or delay the granting of a forbearance request. Failure to provide information for the collection of information is considered to be a violation of program regulations, including receiving information, gathering and providing the information needed to complete the form. Send comments regarding the burden or cost of this information collection, the National and Community Service, National Service Trust, 1301 New York Ave., NW, Washington, DC 20005. The Department will review the general comment(s) who are in response to this collection of information that each person are not request to respond to the collection of information unless it displays a currently valid OMB control number on the page of the form. (Rev. 5-11-00) (1110-0161)(10/00)

OMB Number: 20-5-0000, Expires 10/1/2006

Make sure your service dates match the contract.

CNVS will fill out the bottom half. CNVS certifies your enrollment in AmeriCorps.

If your loan is in its grace period, send the form within 1 or 2 months to CNVS or do request forbearance online—otherwise your request may not be processed.

Forbearance Guidance

- Call your lender 1-2 weeks after sending the form to CNVS to confirm that they received it. CNVS does not receive confirmation once we send it to the lender. CNVS is not responsible if the request does not go through or is lost. *Many things can and do go wrong, call your lender!*

- The interest will accrue while your loan is in forbearance. You should let it accrue. The National Service Trust will pay all or a portion of the interest at the end of your term of service.

- Interest accrual payments:

You do not need to take any action right now.

When you exit, you can request interest accrual payment online at <https://my.americorps.gov> or by calling the National Service Trust by calling 1-800-942-2677

- Don't forget to visit the AEAP Current Members' site for more information on loan forbearance, loan eligibility, and other FAQs.

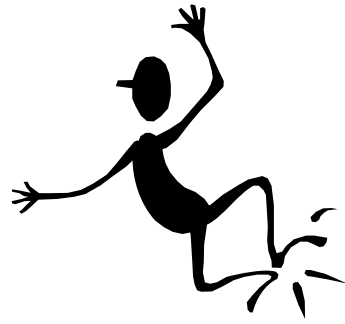
CNVS AEAP Current Members' Site

- It is the AmeriCorps section in the CNVS website (this is NOT the AmeriCorps website).
- Find program forms and handbooks
- AmeriCorps Orientation materials and tutorials
- Links and resources for AmeriCorps members
- Members will soon have access to online system (to log hours and service activities and check the progress towards earning the ed award) through this site.

CNVS AEAP Current Members' Site

- 1) Visit www.cnvs.org
- 2) Click on “Need to Register” on the upper right-hand corner of the site.
- 3) You will be asked to fill in your personal information.
 - Create a username and password.
 - Fill out your contact information.
 - Demographic information is not required to access the AmeriCorps site.
 - Referral info is also not required.
 - The last question has “yes” as a default. If you do not want programs to contact you, select “no.”
- 4) Register!
- 5) Click on the AmeriCorps Tab on the horizontal menu.
- 6) Click on “For Current Members” on the left-hand side of the Menu.
- 7) Find forms, tutorials, and more!

CONGRATULATIONS!



- Review forms to ensure they are complete and accurate.
 - Missing information will delay the enrollment.
 - CNVS must receive the forms within 15 calendar days of the enrollment date (same as the service start date in the contract).
- Call us if you have questions on filling out the paperwork.
 - 1-800-543-5046 (ask for AEAP)
- CNVS will take approximately 30 days to process enrollments.