

2008-2009 EXIT PAPERWORK



STEPS TO A SUCCESSFUL EXIT



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



Exit Checklist

- ✓ Exit Cover w/end of service date
- ✓ Final time and service time logs
- ✓ AmeriCorps Exit Form
- ✓ Service Site 1) Mid and 2) End of Term Performance Evaluations for all members (Midterm if not turned in already)
- ✓ End-Term Member Assessment or Completion Page
- ✓ Parochial School Certification Form (if applicable)
- ✓ Member Story

Exit Packet Cover Sheet

EXIT PACKET COVER SHEET

Member Name: _____

Volunteer Program: _____

LAST DAY OF SERVICE/EXIT Date: _____

_____	Final Time and Service Logs
_____	AmeriCorps Exit Form
_____	Service Site End-of-Term Performance Evaluation (required for all members)
_____	End-of-Term Member Assessment or Completion Page (required for all members)
_____	Parochial School Certification (if applicable)
_____	Member Story (Attached, emailed, or BWBRS)

Received by CNVS AEAP on: _____

**We will not exit you without this information.
The last date of service is your AmeriCorps exit date.**

AmeriCorps Exit Form



For Official Use Only

AMERICORPS EXIT FORM

Corporation for
**NATIONAL &
COMMUNITY
SERVICE**

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

Directions to Member

1. Use blue or black ink.
2. Print clearly.
3. Please complete and sign Part 1.
4. Return the completed form to your Program Director. AmeriCorps VISTA members should return the forms to the Corporation State Office.

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)

Number and Street _____

City _____ State _____ Zip Code _____

Email Address _____

Home Phone _____ Business Phone _____ Ext. _____

4. 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 members or that provide special programs for former members
 - Organizations offering professional development opportunities or staff positions to AmeriCorps members
 - AmeriCorps Alumni organizations
 - Organizations that sponsor service opportunities and want to recruit AmeriCorps members

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

- Education Public Safety Housing Environment Health
 Disaster Relief Homeland Security Faith and Community Based
 No, please do not share my information with other organizations

Certification of Service:

I certify that the time I reported as AmeriCorps service hours did not include any service activities prohibited by law, regulation, or grant provision.

I certify that all of the information provided above is correct.

Member's Signature: _____ Date: _____

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.

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 government of the National and Community Service Act, as amended by the National and Community Service Trust Act of 1999. 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 evaluation 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. 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 collected under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109), 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.

OMB No. 3045-0015 Expires 07/01/2010


For Official Use Only

Members fill out this page only.

Make sure you sign and date this form.

Last (paper) Time Logs

(thru last day of service)



Monthly Time Log

Member Name: _____

Position Title: _____

Site Supervisor Name: _____ Month and Year: _____

Volunteer Program: _____

	DAY OF THE WEEK	DATE (dd/mm/yyyy)	DIRECT SERVICE HOURS	TRAINING/ ENRICHMENT (T&E) HOURS	ALL LOWABLE FUNDRAISING HOURS	TOTAL
W	SUN					
E	MON					
E	TUE					
K	WED					
1	THU					
	FRI					
	BAT					
<hr/>						
W	SUN					
E	MON					
E	TUE					
K	WED					
Z	THU					
	FRI					
	BAT					
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W	SUN					
E	MON					
E	TUE					
K	WED					
3	THU					
	FRI					
	BAT					
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W	SUN					
E	MON					
E	TUE					
K	WED					
4	THU					
	FRI					
	BAT					
<hr/>						
W	SUN					
E	MON					
E	TUE					
K	WED					
S	THU					
	FRI					
	BAT					

Enter time in 15 minute increments as follows:
 15 min = 0.25
 30 min = 0.50
 45 min = 0.75

STOP

If you record more than 18 hours, you must fill out #1 on the back of this page.

If you record T&E and/or fundraising hours, you must fill out #2 and/or #8 on the back of this page in order for those hours to count.

Corrections (white-out, scratched out entries) must be initialed AND dated by the author.

Member Signature: _____ Date: _____

Site Supervisor Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

Ensure signatures are originals and are dated correctly.

Last Service Activity Logs/Reports

Through last month of service

🕒 Monthly Service Logs 08-09

Member Name: _____ Volunteer Program: _____ Month and Year: _____

Position Title: _____

EDUCATION				
Specific Service Activities:	New children (birth to 9 years)	New youth (10-23 years)	New adults (24-55 years)	New seniors (56+ years)
Education				
Literacy				
Tutoring				
Mentoring				
Educational Enrichment programs				

HEALTH				
Specific Service Activities:	New children (birth to 9 years)	New youth (10-23 years)	New adults (24-55 years)	New seniors (56+ years)
Delivery of Health Services				

NUTRITION				
Specific Service Activities:	New children (birth to 9 years)	New youth (10-23 years)	New adults (24-55 years)	New seniors (56+ years)
Nutritional Services				

SOCIAL SERVICES/OTHER HUMAN NEEDS				
Specific Service Activities:	New children (birth to 9 years)	New youth (10-23 years)	New adults (24-55 years)	New seniors (56+ years)
Community Outreach				
Economic Development				
Environment				
Disaster preparedness/recovery/relief				
Housing or shelter				
Public Safety				
Social work/case management				
Transportation				
Volunteer Coordinator/Manager				
Other Human Needs				

Briefly describe your activities for this month. What you did and the results. This area **MUST** be filled in for you to get credit for your hours.

Brief descr of activities here.

Community Volunteer Generation: Non-AmeriCorps Community Volunteers	
# of Non-AmeriCorps Community Volunteers recruited, trained, or supervised by you	
# of hours contributed to your service site by the non-AmeriCorps Community Volunteers	

Mid-term Performance Evaluation Form

- This form should be included in exit paperwork if it has not already been turned in to CNVS.
- Completed by **Member** and **Site Supervisor**.
- This form is required for all terms of service.

The Mid-term evaluation is an insert in the Member Handbook or find it online at [http://www.cnvs.org/ericorps/](http://www.cnvs.org/americorps/)

Service Site Mid-Term Performance Evaluation 08-09

Member Name: _____ Volunteer Program: _____

Service Site: _____ Site Supervisor Name: _____

AmeriCorps member development is an important goal of CNVS ABAP. 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. Place an "X" in the rating area that best describes the member's performance.

Please rate your AmeriCorps member in the areas listed below: (Mark your answers with 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 resourcefulness in generating solutions to problems				
11. Accepts personal responsibility for learning and contributing				
12. Interacts appropriately with on-site personnel, clientele, or public				
13. Creative and/or resourceful in problem solving				
14. Demonstrates concern for the quality, accuracy, and completeness of tasks performed				

PART 1 OF 2
INCOMPLETE FORMS WILL NOT BE PROCESSED

End-of-term Performance Evaluation Form

Service Site End-of-Term Performance Evaluation 08-09

Member Name: _____ Volunteer Program: _____

Service Site: _____ Site Supervisor Name: _____

AmeriCorps member development is an important goal of CNV's AEAP. 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 his/her day-to-day performance and your observations as the Site Supervisor. Place an "X" in the rating area that best describes the member's performance.

Please rate your AmeriCorps member in the area listed below: (Mark your answers with an X in the appropriate box.)	Excellent	Good	Fair	Poor
1. Demonstrates knowledge and preparation to provide service effectively				
2. Files on and submits all required paperwork in a timely manner				
3. Sets realistic goals and follows through with commitments				
4. Honors time commitments and demonstrates the necessary 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 the term				
10. Demonstrates resourcefulness in generating solutions				
11. Accepts personal responsibility for learning and development				
12. Interacts appropriately with on-site personnel, clients, and the community				
13. Creative and/or resourceful in problem solving				
14. Demonstrates concern for the quality, accuracy, and timeliness of work performed				

Service Site End-of-Term Performance Evaluation 08-09

Site Supervisor's narrative evaluation:

AmeriCorps Member's self-evaluation:
 _____ I agree with this evaluation _____ I do not agree with this evaluation

Comments:

PA
 INCOMPLETE FORMS WILL NOT BE PROCESSED

This form is in the member handbook

Must be signed and dated by member and site supervisor

 *Member's Signature

 *Date

 *Supervisor's Signature

 *Date

MEMBER PERFORMANCE EVAL-PART 2 OF 2
 INCOMPLETE FORMS WILL NOT BE PROCESSED

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End term Member Assessment / Completion Pg

Member Name: _____

Volunteer Program: _____

End of Service Term Assessment 08-09

1. Instructions

Dear CNVS AmeriCorps Member,

This form provides CNVS AEAP with important feedback related to your service experience and program support, training and enrichment activities, and your future plans. The data collected here will be used to help improve the performance of the CNVS AmeriCorps Education Award Program.

Please do not mark in your responses. All responses are confidential, and will only be shared with your Volunteer Program at an appropriate level. No one individual will be identified in appropriate responses reported to the Volunteer Program.

1) Members completing the assessment ONLINE: Please complete and print out the COMPLETE PAGE and email to your Program Director for mailing to CNVS AEAP. If you have problems printing this page, please contact your Program Director.

2) Members completing the PAPER FORM: Please include ALL pages of the assessment in the envelope provided in your Member Handbook marked "End-of-Term Member Assessment." Seal the envelope and sign your name across the back of the seal. Include the sealed envelope in your exit paperwork.

For questions, please contact Kristen Waldorf at k.waldorf@cnvs.org

Thank you,

CNVS AEAP Staff

Page 1

This is an assessment of your overall experience as a CNVS AmeriCorps member. In this form we also collect information on your thoughts on service and future plans.

- 1) Complete paper form in handbook or
- 2) Members can complete assessment online and print out a completion page (include in exit paperwork)

Online link:

https://www.surveymonkey.com/s.aspx?sm=HSyiz9UCsJS98hwPivHwig_3d_3d

AEAP Current Members' Site:

<http://www.cnvs.org/amicorps/members.php>

Parochial School Certification Form

Parochial School Certification Form 08-09

For Members serving in Parochial Schools ONLY. The member and the site supervisor must complete this certification before the member may be approved to receive an AmeriCorps education award. A copy of this certification will be placed in the member file at CNVS.

I certify that the AmeriCorps service hours reported on the Monthly Time Logs for the member listed below did not include any religious instruction, worship, or proselytization.

Member Name: _____ (printed)

Member Signature: _____

Date: _____

Site Supervisor Name: _____ (printed)

Site Supervisor Signature: _____

Date: _____

**Always
make sure
signatures
and dates
are
included.**

Member Story

Provide one or two stories that would best communicate to the public how AmeriCorps service gets things done. Especially include stories that describe the IMPACT your service has had on the recipients of that service.

Submit your story electronically to
aeapmemberstory@cnavs.org

Or include it with your exit paperwork.

Congratulations!



- CNVS should receive your paperwork no more than 15 calendar days after your last day of service.
 - If we do not receive your paperwork on time CNVS will contact you at least once before exiting you without an award.
- CNVS will take approximately 15-30 days to process exits.
- Members can request their award and interest forbearance via the My AmeriCorps Portal at <https://my.americorps.gov/>
- Questions about the education award should be directed to the **National Service Trust**.
1-800-942-2677