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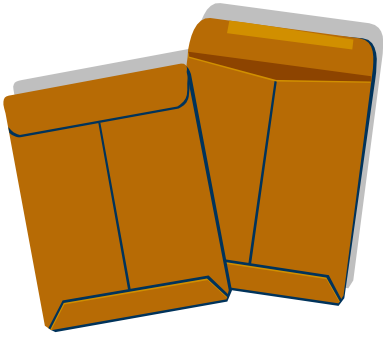
EXIT PAPERWORK



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 Packet Envelope

- Use the envelope provided to return your exit paperwork to CNVS.
- If you lost the envelope, any large envelope will do, but make sure you label the envelope with the following:
 - Member Name
 - Volunteer Program Name
 - Program Year



Exit Checklist

- ✓ Exit Cover w/end of service date
- ✓ AmeriCorps Exit Form
- ✓ Last Time and Service Logs
- ✓ Mid-Term Service Site Performance Evaluation if it has not yet been sent.
For full and half-time members only.
- ✓ End-Term Service Site Performance Evaluation.
- ✓ End-Term Member Assessment or Completion Page.
- ✓ Parochial School Certification Form (if applicable)

Exit Packet Cover Sheet

EXIT PACKET COVER SHEET

We will not exit you without this information.

The last date of service is your AmeriCorps exit date.

Member Name: _____

Program Name: _____

Program Year: _____

AmeriCorps Exit Date: _____
required

Inside this packet:

- _____ 1. AmeriCorps Exit Form
- _____ 2. Last Time and Service Logs
- _____ 3. Mid-Term Service Site Performance Evaluation if it has not yet been sent. For full and half-time members only.
- _____ 4. End-Term Service Site Performance Evaluation
- _____ 5. End-Term Member Assessment or Completion Page
- _____ 6. Parochial Certification Form (if applicable)

We strongly encourage our members to reflect on their service by submitting a "Great Story" so we can learn about how your AmeriCorps service is positively benefiting your community and we can share your story with others.

- _____ 8. Member Story emailed to aeapmemberstory@cnvs.org

Note: Paperwork submitted **within 15 calendar days after the exit date** in the Member Service Contract will be considered late and may lead to loss of education award.

Member Signature: _____

Received by CNVS AEAP on: _____

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 with evaluation exit data.

Directions to Member

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

PART I 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 to 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 Enrollment Health
 Disaster Relief Home Based Security Faith and Community Based
- No, please do not share my information with other organizations

Certification of Service:

I certify that the time 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 knowing and willful false statements 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 his program; or other actions authorized by the Civil Fraud Remedies Act, 31 USC 3801-3812.

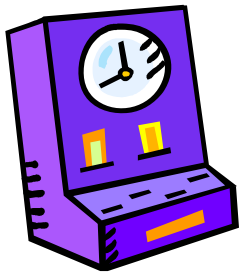
Privacy Act Statement — In compliance with the Privacy Act of 1974, the following information is provided. The collection of the information is authorized by the provisions of the National and Community Service Act, as amended by the National and Community Service Trust Act of 1999. The primary purpose 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 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. Members 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(j) 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. 2045-0015 Expires 01/31/2010

For Official Use Only

Members fill out this page only.

Make sure you sign and date this form.



Last Time Logs/BWBRS Hour Reports

- If using BWBRS, the last Hour Log Reports must be included in your exit packet.
- If using paper time log, the last time logs must be included in your exit packet.
- Make sure these are signed and dated!

Member Signature: _____	Date _____	 Service Log on back must be filled out for you to receive credit
Site Supervisor Signature: _____	Date _____	
Program Director Signature: _____	Date _____	

Last Service Activity Logs

- If using BWBRS, be sure you have logged Service Accomplishments for every month you have been active.

Monthly Service Logs
 Enter the number of **new** individuals served each month in each specific area of service and service activity. For more information, please refer to the section in your Member Handbook on Logging Service Activities. If you did not serve any new individuals this month, check the box below. **This form must be completed for you to receive credit for AmeriCorps hours.**
 I did not serve any new individuals, nor did I recruit, train or supervise any non-AmeriCorps volunteers.

Monthly Service Logs
 Enter the number of **new** individuals served each month in each specific area of service and service activity. For more information, please refer to the section in your Member Handbook on Logging Service Activities. If you did not serve any new individuals this month, check the box below. **This form must be completed for you to receive credit for AmeriCorps hours.**
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 I did not serve any new individuals, nor did I recruit, train or supervise any non-AmeriCorps volunteers.

EDUCATION

Population Served	Education	Library	Tutoring	Reading	Educational Assistant	Other
# of AGE: Child						
# of AGE: Youth						
# of AGE: Adult						
# of AGE: Senior						

POPULATION SERVED
 Enter numbers only:
 _____ years.
 _____ years.
 _____ years.

HEALTH

Population Served	Delivery of health services
# of AGE: Child	
# of AGE: Youth	
# of AGE: Adult	
# of AGE: Senior	

NUTRITION

Population Served	Meal/Dinner
# of AGE: Child	
# of AGE: Youth	
# of AGE: Adult	
# of AGE: Senior	

SOCIAL SERVICES/OTHER HUMAN NEEDS

Population Served	Community Clean-up	Economic Development	Environment	Disaster Preparedness	Housing of the Elderly
# of AGE: Child					
# of AGE: Youth					
# of AGE: Adult					
# of AGE: Senior					

SOCIAL SERVICES/OTHER HUMAN NEEDS (continued)

Population Served	Public Safety	Social Services	Transportation	Volunteer Coordination/Management	Other Human Needs
# of AGE: Child					
# of AGE: Youth					
# of AGE: Adult					
# of AGE: Senior					

COMMUNITY VOLUNTEER GENERATION: Non-AmeriCorps Volunteers
 # of Non-AmeriCorps Community Volunteers recruited, trained, or supervised by you: _____
 # of hours contributed to the site by the non-AmeriCorps volunteers: _____

FIND DEFINITIONS OF SERVICE AREAS/ACTIVITIES:
www.aic.org/who/operat/member.php

If using paper service log, be sure you have completed one for every month you have been active.

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 full and half-time members only.

Service Site Mid-Term Performance Evaluation

Required for Full (1700 hrs) and Half-time (900 hrs) Members Only

Member Name: _____ Program Name: _____

Service Site: _____ Site Supervisor Name: _____

AmeriCorps member development is an important goal of CMV's AERP. Perform can be a mutual exchange of information, enabling members to progress toward their goals. Therefore, providing candid responses is very important. The following competence areas in which members can continually strive to better themselves. Using the scale evaluate the member based on their day-to-day performance and your observable place and "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)

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 follow 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

Service Site Mid-Term Performance Evaluation

Site Supervisor's narrative evaluation:

AmeriCorps Member's self-evaluation:

_____ I agree with this evaluation _____ I do not agree with this evaluation

Comments:

Member's Signature

Supervisor's Signature

Date

Date

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

Must be signed & dated by your AmeriCorps Site Supervisor

End-of-term Performance Evaluation Form

- Required for ALL TERMS OF SERVICE.

Service Site End-of-Term Performance Evaluation

Member Name: _____ Program Name: _____
Service Site: _____ Site Supervisor Name: _____

AmeriCorps member development is an important goal of CM/S 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 evaluate the member based on their day-to-day performance and your observations. 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)	
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 follow 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	

Service Site End-of-Term Performance Evaluation

Site Supervisor's narrative evaluation:

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

Comments:

Member's Signature _____ Date _____
Supervisor's Signature _____ Date _____

**PART 1 OF 2
INCOMPLETE FORMS WILL NOT BE PROCESSED**

**MEMBER PERFORMANCE EVALUATION PART 2 OF 2
INCOMPLETE FORMS WILL NOT BE PROCESSED**

**Must be signed
and dated by
member and
site supervisor**



End-Term Member Assessment / Completion Page

- 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=HSyiz9UCsJS98hwPivHwiq_3d_3d

AmeriCorps Members' Site:

<http://www.cnvs.org/ameri-corps/members.php>

End-of-Term Member Assessment

Member Name: _____ Program Year: _____

Program Name: _____

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 Awards Program. Please be honest in your responses. All responses are confidential, and will only be shared with your Volunteer Program at an aggregate level. No one individual will be identified in aggregate responses reported to the Volunteer Program.

Place the completed form in the marked envelope, seal, and sign your name across the back of the seal. Include the sealed envelope in your exit paperwork. For questions, please contact Kristen Woldford at kwoldford@cnvs.org

Thank you,
CNVS AEAP Staff

2. SERVICE AND PROGRAM EVALUATION

2.1 Please evaluate your service site.

	I strongly disagree	I disagree	Neutral	I agree	I strongly agree
I received adequate support from my service site.					
I was satisfied with my level of communication with my supervisor.					
I had opportunities to be creative and state my ideas.					
I was able to learn new things.					
I had enough training and materials to do my service.					
I felt my service was valued and made a meaningful contribution.					
I felt the service position was a good match to my skills and talents.					
I felt the service site overall was a good match to my interests.					

Comments:

End of Term Member Assessment
Page 1 of 6

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.



We would greatly appreciate it if you complete this form online!

Parochial School Certification Form

1) Required for members serving at schools engaged in religious education.

Parochial School Certification Form

For Members serving in Parochial Schools. 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.

Print Member Name: _____

Member Signature: _____

Date: _____

Print Site Supervisor Name: _____

Site Supervisor Signature: _____

Date: _____

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



Member Story

We strongly encourage our members to reflect on their service by submitting a "Great Story" so we can learn about how your AmeriCorps service is positively benefiting your community and we can share your story with others.

Story Writing Tips

https://www.cnvs.org/amerikorps/member_forms.php

Submit your story electronically to
aeapmemberstory@cnvs.org



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

- Visit the CNVS AmeriCorps Members' Site for post-AmeriCorps resources and information on the ed award. <https://www.cnvs.org/americorps/members.php>