

# IDAHO AMERICORPS ELIGIBILITY VERIFICATION FORM

<b>Section 1. Member Information</b>			
To be completed and signed by member at the time service begins.			
Print name:    Last                      First                      Middle Initial			Maiden Name:
Address (Street name and number)		Apt. #	Date of birth (month/day/year)
City	State	Zip Code	Social security #
<b>Section 2: Education Requirements</b>			
To be completed and certified by the Member. Documents must be reviewed by Program Director or authorized representative. Attach a copy of documents to this form.			
Check the box that applies to you:			
<input type="checkbox"/> I possess a High School Diploma or earned an equivalency certificate ( <b>photocopy required</b> )			
<input type="checkbox"/> I do not possess a High School Diploma or equivalency certificate. Please specify school drop-out date _____ Please read and certify the statements below			
<i>Please Initial</i>			
<input type="checkbox"/> I agree to pursue a high school diploma or equivalency certificate during my term of service.			
<input type="checkbox"/> I agree to obtain a high school diploma or its equivalent before using the education award and certify that I have not dropped out of elementary or secondary school in order to enroll as an AmeriCorps member (unless enrolled at an institution of higher education on an ability to benefit basis under section 484 of the Higher Education Act).			
<u>Primary Documentation to Verify High School Diploma or Equivalency Certificate</u> <i>One of the following forms of documentation is acceptable:</i> <ul style="list-style-type: none"> <li>• High School Diploma</li> <li>• High School Transcripts indicating graduation</li> <li>• High School Equivalency Certificate (GED)</li> </ul>		Comments:	
Document title: _____			
Issuing authority: _____			
Document #: _____			
I attest, under penalty of perjury, that I am a United States citizen or a lawful permanent resident, am at least 17 years old (16 years of age if out of school in a youth corps or program for disadvantaged youth), and possess a high school diploma or equivalency certificate or agree to obtain one prior to utilizing the education award.			
Member Signature			Date (month/day/year)
Preparer and/ or Translator Certification: <i>(To be completed and signed if section1 is prepared by a person other than the member.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.</i>			
Preparer's /Translator's Signature		Print Name	
Address (Street name and Number, City, State, Zip Code)			Date (month/day/year)

**Section 3: Age Requirements**

To be completed by Program Director or authorized representative. Parent or Legal Guardian authorizing consent must be informed of duties and responsibilities of the AmeriCorps member. Attach consent and age verification documents to this form.

- Member is 18 years of age or older
- Member is 17 years of age (written consent by parent or legal guardian is required)
- Member is between the ages of 16-25 and is enrolling in a youth corps program as a full-time member or full-time summer member (written consent by parent or legal guardian is required)
- Member is between the ages of 16-24 and is enrolling in a program for economically disadvantaged youth (written consent by parent or legal guardian is required)

Primary Documentation to Verify Age  
*One of the following forms of identification is acceptable:*

- Birth certificate
- A report of birth abroad of a US Citizen (FS-240)
- A certificate of birth-foreign service (FS-545)

Document title: \_\_\_\_\_

Issuing authority: \_\_\_\_\_

Document #: \_\_\_\_\_

Consent by Parent or Legal Guardian (if applicable)  
*Written consent by the person(s) listed below must accompany this form:*

Name of person(s) \_\_\_\_\_  
 giving consent \_\_\_\_\_

Relationship to member: \_\_\_\_\_

**Section 4: Citizenship Status**

To be completed and signed by Program Director or authorized representative. Examine one document from **List A** OR examine one document from **List B**. Record the title, number, and expiration date, if any, of the document(s) and attach a copy of document(s) to this form.

**List A**

**OR**

**List B**

Primary Documentation of status as a U. S. citizen or national

*One of the following forms of identification is acceptable:*

- Birth certificate showing that the individual was born in one of the 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa or the Northern Mariana Islands
- A United States Passport
- A report of birth abroad of a US Citizen (FS-240)
- A certificate of birth-foreign service (FS-545)
- A certificate of naturalization (Form n560 or N561) INS

Document title: \_\_\_\_\_

Issuing authority: \_\_\_\_\_

Expiration Date (if any): \_\_\_ / \_\_\_ / \_\_\_

Document #: \_\_\_\_\_

Expiration Date (if any): \_\_\_ / \_\_\_ / \_\_\_

Primary documentation of status as a lawful permanent resident of the U.S.

*One of the following forms of documentation is acceptable:*

- Permanent resident card, INS form I-551
- Alien Registration 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 I94) indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence.

Document title: \_\_\_\_\_

Issuing authority: \_\_\_\_\_

Expiration Date (if any) : \_\_\_ / \_\_\_ / \_\_\_

Document #: \_\_\_\_\_

Expiration Date (if any) : \_\_\_ / \_\_\_ / \_\_\_

**CERTIFICATION-** I attest under penalty of perjury, that I have examined the document(s) presented by the above named member, that the above listed document(s) appear to be genuine and related to the member named, that the member began service on (month/day/year) \_\_\_/\_\_\_/\_\_\_ and that to the best of my knowledge the member is eligible to serve in the AmeriCorps program in the United States.

Signature of Program Director or Authorized Rep.	Print Name	Title
Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)