



CORPORATION FOR NATIONAL SERVICE EXIT FORM

CORPORATION
FOR NATIONAL
SERVICE

This form will end the term of an AmeriCorp 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

Use black ink or pencil, print in capital letters, and fill circles completely.

MEMBER:

1. Please complete and sign Part 1.
2. Return the completed form to your Program Director. AmeriCorps VISTA members should return 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

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City State Zip

E-Mail Address

Home Phone Business Phone Ext

4. Post Service Opportunities:

The Corporation for National Service would like to encourage you to stay involved in service and help connect you 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 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

No, please do not share my information with other organizations.

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 a fine or imprisonment or both under Section 1001 of Title 18, U.S.C.

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 obtain from AmeriCorps program representatives their determination of whether a member successfully completed a term of service and is eligible for 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, member's names, addresses, and phone numbers will be shared with those organizations for that purpose. Except as indicated here, no information will be disclosed outside the Corporation without written permission. The Internal Revenue Service has determined that the education award is taxable in the year it is used. Your Social Security Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109), for use as a taxpayer identification number. Failure to disclose the SSN or any other information may result in a denial of your receiving an education award or it may delay the processing of your education award.

OMB Approval #3045 0015 Expires 11-30-2003

DIRECTIONS

Use black ink or pencil, print in capital letters, and fill circles completely.

Authorized Certifying Official

- 1. Please complete and sign Part 2.
- 2. If you are using WBRS or SPAN (for VISTAs) please provide the form to whomever enters data into that database for your program. All others should mail completed forms to:

**National Service Trust
 Corporation for National Service
 1201 New York Avenue, NW
 Washington, DC 20525**

Exit information is due to the Corporation within 30 days of completion of service.

Part 2 Certifying Official: Please Complete and Sign

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

1. Name of Program or NCCC Campus _____

2. Operating Site I.D. Number

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

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Hours

4. Date of Completion Trust Term of Service

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Month Day Year

5. Type of Enrollment (Mark only one.)
- Full-time (1700 hrs/yr or 365 days for VISTA)
 - 1-Year part-time (900 hrs/yr)
 - 2-Year part-time (450 hrs/yr)
 - Summer } If Summer or Other indicate length of service term.
 - Other }

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Hours

6. Education Award Status:
 Indicate whether or not the Member is eligible for an education award. Please be sure to follow the Corporation's regulations in making this selection. If the Member is discontinuing service for another term under the National Service Trust, on this or another project, another National Service Enrollment Form must be completed for the new term.
- Eligible for entire education award. Member successfully completed service.
 - Eligible for partial education award. Member did not fully complete service for compelling personal reasons.
 - Not eligible for education award. Member did not fully completed service requirements.
 - Not eligible for education award. Member chose alternative benefit.
 - Not eligible for education award. Other (Specify: _____)

7. Certification of Service

I certify that the Hours of Service Performed indicated on this form for this AmeriCorps member are true and accurate.

Signature of Certifying Official: _____ Date: _____

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

Name of Certifying Official (Please Print): _____

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