



AmeriCorps Youth Harvest
Mission CISD
1201 Bryce Drive
Mission, Texas 78572
210-580-5788

SAMPLE

Withdrawal From Program

_____ certify that I am
(Member's Name)

voluntarily withdrawing from the AmeriCorps Youth Harvest Program. I
have completed _____ hours toward my 900 hour commitment.

I do not hold AmeriCorps Youth Harvest or its staff responsible for my
decision to withdraw from the program. I realize that I am not eligible for
any part of the education award granted for successful completion of the
program.

Members Signature and Date

School Supervisors Signature and Date

Program Directors Signature and Date