**Nevada AmeriCorps Member File Check List**

Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Hours Term: [ ]  1700 [ ] 900[ ] 450[ ] 300

Date Enrolled: \_\_\_\_\_\_\_\_\_\_\_Completion date: \_\_\_\_\_\_\_\_\_

Number of AmeriCorps State/National Terms (including current): [ ] 1st [ ] 2nd [ ] 3rd [ ] 4th

If 2nd, 3rd or 4th did program check for satisfactory term of service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | Yes | No | Comments |
| **1** | **Member Selection/Enrollment** (§12592) |  |  |  |
|  |  | **Member Application and references**\*Signed and dated by member\*Documentation references checked |  |  |  |
|  |  | **Member Enrollment form:**\* required if program is completing enrollment on behalf of member.\*Signed and Dated by member and Program Director\*Parental Consent if member is under 18 years of age\*Enrollment date matches Grants, on Contract and on Enrollment form\*Entered into eGrants within 30 days? |  |  |  |
|  |  | **I-9 Employment Eligibility Verification**\*Completely filled out in ink, signed by member and organization official |  |  |  |
|  |  | **W-4** \*Completely filled out in ink, signed by member and organization official |  |  |  |
| **2** | **Member Eligibility** (§2522.200) |  |  |  |
|  |  | **Maintain copies of:** **Verification of US Citizen****\***A 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;(expired or unexpired)\* A report of birth abroad of a U.S. Citizen (FS–240) issued by the State Department;\* A certificate of birth-foreign service (FS 545) issued by the State Department;\* A certification of report of birth (DS–1350) issued by the State Department;\* A certificate of naturalization (Form N–550 or N–570) issued by the Immigration and Naturalization Service; or\* A certificate of citizenship (Form N–560 or N–561) issued by the Immigration and Naturalization Service.**OR****Primary documentation of status as a lawful permanent resident alien of the United States***.* \*Permanent Resident Card, INS Form I–551;\*Alien Registration Receipt Card, INS Form I–551;\*A passport indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence; or\*A Departure Record (INS Form I–94) indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence. |  |  |  |
|  |  | **Social Security Card**\*Maintain copy in file\*This may be requested for automatic verification process |  |  |  |
|  | **§ 2540.205** | **Government issued Photo Identification****\***Maintain copy in file (can be same as document used for citizenship verification) |  |  |  |
|  |  | **Verification of Age, 17 years or older**\*Copy of Drivers License , Birth Certificate or Passport qualify |  |  |  |
|  |  | **Verification of High School Diploma/GED**\*Copy of High School Diploma/GED or official transcript noting education attainedOR\*Self certification, which must include member signature under penalty of law.OR\*Member certification will obtain HS Diploma or equivalent before using Ed Award. |  |  |  |
|  |  | **National Sex Offender Public Registry**\*Must be completed BEFORE member starts serving and **include electronic stamp for date search was run**.\*If hits, document verification that not same person, date and initial.  |  |  |  |
|  |  | **Criminal History Check for members without reoccurring access to vulnerable populations must obtain through the designated state repository****\***Service state check AND Resident State checkOR \*FBI check**Initiated prior to start of service** |  |  |  |
|  |  | **Criminal History Check for members with reoccurring access to vulnerable populations****must obtain through the designated state repository****\***Service state Check AND Resident State check AND FBI Check. Initiated at or prior to start of service\*Documentation that individual providing accompaniment is cleared \*Memo to Host supervisor /member noting accompaniment required.\*Documentation of accompaniment provided which includes date, time and certification of person providing accompaniment |  |  |  |
| **3** | **Member Service Agreement (Provisions IV.D) and Nevada Specific Requirements** |  |  |  |
|  |  | **Member Service Agreement/Contract**\*Signatures/Dates for Member and Program Director\*Contract Start and End dates match enrollment form and eGrants\*Member Service Agreement is signed before member starts serving |  |  |  |
|  |  | **Member Contract includes:**\*Member Position Description and service requirements\*Terms of service ( Min # hours, Start and End dates)\*Amount of living allowance (ideally both annual and by pay period)\*Amount of Education Award offered for successful completion\*Standards of conduct \*Prohibited activities list from the provisions\*\*The text of 45CFR §2540.100 (e)-(f), which relates to Non-duplication and Non-displacement\*The text of 45 CFR §2520.40-.45 which relates to fundraising by members.\*Requirements under the Drug Free Work Place Act (41 U.S.C. §701 *et Seq*.)\*Civil Rights requirements, complaint procedures and rights of beneficiaries as outlined in the provisions\* Suspension and termination rules\*Specific examples under which a member may be released for cause\* Grievance Procedure\*Accommodation statement\*Member benefits including vacation and sick leave\*Change of status policy and procedure\*How members can make up service hours\*Statement on ineligibility for unemployment benefits in Nevada\*Other program requirements |  |  |  |
| **4** | **Other Documents** (can be included in contract or be independent forms. Do not do both, to insure no conflict in forms) (Provisions IV.) |  |  |  |
|  |  | **Media/photo Release (Provisions IV.H)**\*Including permission for use by Nevada Volunteers |  |  |  |
|  |  | **Consent for criminal history check** \*including permission to provide results to Nevada Volunteers. |  |  |  |
|  |  | **Emergency contact information** |  |  |  |
|  |  | **Health Care Provided/Waived/qualified**. \* A full-time participant is eligible for health care benefits if he or she is not otherwise covered by a health benefits package\*Form showing member waiver of AmeriCorps Insurance benefits because already have insurance covered or selection for enrollment certifying they are not currently enrolled in another insurance plan\*Health insurance enrollment form, or document showing proof of enrollment  |  |  |  |
|  |  | **Child Care Provided/Waived/qualified**Program should document eligibility if referring member to receive childcare benefits A member qualifies if:\*He/She Is the parent or legal guardian of, or is acting in loco parentis for, a child under 13 who resides with the participant;\*Has a family income that does not exceed 75 percent of the State's median income for a family of the same size;\*At the time of acceptance into the program, is not currently receiving child care assistance from another source, including a parent or guardian, which would continue to be provided while the participant serves in the program; and\*Certifies that he or she needs child care in order to participate in the program. |  |  |  |
| **5** | **Service Logs** |  |  |  |
|  |  | **Original Service logs should be maintained in the member file.** |  |  |  |
|  | § 2520.25 | **At a minimum all Service Logs should include:**\*Member Signature and Date\*Site Supervisor Signature and Date\*Program Director Signature and Date\*Segregation of hours for direct service, training and fundraising\*Completed in ink, changes crossed out and initialed and NO white out.  |  |  |  |
|  | § 2520.45   § 2520.50    | **Hours check:**\*Should not include hours for lunch, holidays, vacation\*All activities are described to show allowable activities under grant\*Pre-Service Orientation should be reflected on service log (ideally first!)\*First day of service should be same or after first day of contract\*PD should be checking and confirming hours calculations are correct\*PD should monitor to insure training and fundraising percentages remain in allowable amounts. |  |  |  |
| **6** | **Member Evaluation** |  |  |  |
|  | Provisions IV.D |  **Midterm evaluation**\*should record if member service/task completion is satisfactory. \*If member is on track for completing hours\*Have member signature and date\*Have Host site supervisor and PD signed concurrently or after member.Not required if a member is released early |  |  |  |
|  |  | **End of term performance evaluation**\* should record if member service/task completion is/was satisfactory. \*Number of hours member has completed \*Has member signature and date\*Have Host site supervisor and PD signed concurrently or after member.Should be completed for all members, even those exiting early |  |  |  |
| **7** | **Member Exit** |  |  |  |
|  | §2522.230 | **Personal and Compelling Circumstances**\*Is there sufficient documentation to justify this? |  |  |  |
|  | §2522.230 | **For Cause** \*Is there sufficient documentation to justify disciplinary action? |  |  |  |
|  | §2522.220§ 2526.15 | **End of Term/Exit Form**\* required if program is completing exit on behalf of member.**\***Includes hours completed to date\*notes if member is eligible for education award\*Is member eligible to serve another term as shown through satisfactory service\*Entered into eGrants within 30 days. \*Date of completion on exit form should match last date of service on member’s last service log. \*Attempts should be made and documented to complete this with members who are leaving service early. |  |  |  |