## Nevada AmeriCorps Member File Check List



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

Service Hours Term: 1700 900 450 300

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

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

If 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> 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          |     |    |          |
|   | I                  | ······································                    | I   |    |          |

|          |                  | louful admission for normanant residence   |  |
|----------|------------------|--|--|
|          |                  | lawful admission for permanent residence.  |  |
|          |                  | Social Security Card   |  |
|          |                  | *Maintain copy in file   |  |
|          |                  | *This may be requested for automatic verification<br>process                             |  |
|          | § 2540.205       | Government issued Photo Identification   |  |
|          | 8 2540.205       |  |  |
|          |                  | *Maintain copy in file (can be same as document used<br>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 attained  |  |
|          |                  | OR   |  |
|          |                  | *Self certification, which must include member   |  |
|          |                  | signature under penalty of law.  |  |
|          |                  | OR   |  |
|          |                  | *Member certification will obtain HS Diploma or  |  |
| <u> </u> |                  | 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   |  |
|          |                  | <u>run</u> .   |  |
|          |                  | *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 check  |  |
|          |                  | OR   |  |
|          |                  | *FBI check   |  |
|          |                  | Initiated prior to start of service  |  |
|          |                  | Criminal History Check for members with  |  |
|          |                  | reoccurring access to vulnerable populations<br>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  |  |
| •        | Member Service A | greement (Provisions IV.D) and Nevada Specific   |  |
| 3        | 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  |  |

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|---|----------------------|--|-----------|---|
|   |                      | 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 §2520.4045 which relates to          |           |   |
|   |                      | fundraising by members.                                  |           |   |
|   |                      |  |           |   |
|   |                      | *Requirements under the Drug Free Work Place Act         |           |   |
|   |                      | (41 U.S.C. §701 <i>et Seq.</i> )                         |           |   |
|   |                      | *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 Description    | *Other program requirements                              | <u> </u>  |   |
| 4 |                      | (can be included in contract or be independent forms. Do |           |   |
|   | not do doth, to insu | re 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.   |           |   |
|   |                      | At a minimum all Service Logs should include:            |           |   |
| 1 |                      |  | 1         | 1 |
|   | § 2520.25            | *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.   |  |
|   |  |
| 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   |  |
| § 2520.45 log (ideally first!)  |  |
| § 2520.50 *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   |  |
| Midterm evaluation  |  |
|   |  |
| *should record if member service/task completion is   |  |
| satisfactory.   |  |
| Provisions IV.D *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   |  |
| Tis there sufficient documentation to justify this?   |  |
| For Cause   |  |
| §2522.230 *Is there sufficient documentation to justify disciplinary  |  |
| action?   |  |
| End of Term/Exit Form   |  |
| * required if program is completing exit on behalf of   |  |
| member.   |  |
|   |  |
| Subscription of the second secon |  |
|   |  |
| *Is member eligible to serve another term as shown  |  |
| § 2526.15 through satisfactory service  |  |
| *Entered into eGrants within 30 days.   |  |
|   |  |
| *Date of completion on exit form should match last date   |  |
| *Date of completion on exit form should match last date<br>of service on member's last service log  |  |
| of service on member's last service log.  |  |
| of service on member's last service log.<br>*Attempts should be made and documented to  |  |
| of service on member's last service log.  |  |