

**Your Logo**

**HERE**

**AmeriCorps Nevada Member File Checklist**

Member Name:

Service Hours Term:  1700  900  675  450  300

Start Date: Date Enrolled: Exit 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? Y / N

**Section I – Member Enrollment**

Application/Resume

Member invited to enroll in eGrants:

SSN Verified in eGrants:

Citizenship Verified in eGrants:

Enrolled in eGrants within 8 days of start date

If no, reason:

Employment Verification (I-9)

W-4

**Childcare Form** (if full-time)

**Healthcare Form** (if full-time)

**Section II – Member Eligibility**

Verification of Citizenship

* Birth Certificate
* US Passport
* Permanent Resident Card
* Other

Government Issued Photo ID

* Driver License
* Identification Card
* Passport

Social Security Card

NSCHC Consent Forms

* NSOPW Printout – Date:
* State Results – Initiation:
* State Results – Reviewed:
* Residence Results – Initiation:
* Residence Results – Reviewed:
* FBI Results – Initiation:
* FBI Results – Reviewed:

Cease Accompaniment Letter/Email

Parental consent form (if under 18)

**Section III – Contract & Position Description**

Member Service Agreement – Includes:

* Terms of Service
* Living Allowance Amount
* Education Award Amount
* Prohibited Activities
* Drug Free Workplace Act
* Media/Publicity Release
* Grievance Procedure
* Position Description

Position Description (if not in MSA)

**Section IV – Timesheets (OnCorps)**

First date of service matches contract

PSO reflected on first date of service

Accompaniment documented

Position Description Assigned

**Section V – Member Evaluations/Performance**

Mid-Term Evaluation

End of Term Evaluation

**Section VI – Member Exit**

Member Exit Form Completed in eGrants

* Documentation if completed by PD

Member Reason for Exit:

* Satisfactorily Completed Term
* Compelling Personal Circumstance (CPC)
* For Cause
* Without Cause

Member exited in eGrants within 30 days

If no, reason:

Member Change of Status Form

CPC Documentation:  Applicable  Not Applicable

**Section VII – Other / Not Required**

Direct Deposit Info

CPR Certification

Disciplinary/Behavioral Correspondence