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Before exiting the program and to ensure your file is in compliance with the program’s federal guidelines, you must complete the following:

» **Evaluations**

**Member:**
- Give a copy of the Site Supervisor Evaluation letter to your Site Supervisor
- Complete the online survey based on your service focus area

**Compact Service Corps Coordinator:**
- Complete Coordinator Evaluation

» **Exit Form**

**Member:**
- Complete Part 1 of the Exit Form
- Provide your original signature and accurate exit date at the bottom of Part 1 of the Exit Form

**Compact Service Corps Coordinator:**
- Complete Part 2 of the Exit Form
- Provide original signature and date at the bottom of the page
MEMBER EXIT PROCESS

• Letter for Site Supervisor
  › All Members give a copy of the Site Supervisor Evaluation Letter to your supervisor

• Online Member Survey
  › All Members complete an online Member Survey specific to the focus area in which you served

• Coordinator Evaluation
  › All Coordinators complete a Coordinator Evaluation: Be sure to check appropriate boxes
Dear Site Supervisor:

The Member, ____________________________, serving at your nonprofit or government agency is enrolled as a Compact Service Corps AmeriCorps Member through his/her college or university. As part of his/her unpaid service at your organization, this Member will receive a service scholarship that may be used for education expenses.

At the end of this Member’s term of service we are asking you, as the Site Supervisor, to complete a brief exit survey online. These surveys allow us to make continual improvements to the Compact Service Corps program that better meet the needs of students, community members, and nonprofit organizations.

You will complete only one survey for your organization. If your agency hosts more than one Compact Service Corps Member, you will still complete only one survey per year.

To begin the survey:
1. Log on to www.ccmountainwest.org,
2. Click on AmeriCorps Programs,
3. Click on Compact Service Corps,
4. Click on Community Partners
   Under “Evaluation,” click on the link for the survey.

   - **EDUCATION:** Academic support for K-12 public school, after-school or extended-day academic enrichment, America Reads/Counts, tutoring, mentoring with a strong academic component.
   
   - **HEALTHY FUTURES:** EMT services, nursing, physician assistance, dental hygiene, radiology technology, hospice, rehabilitation therapy, mental health services, providing preventive and/or primary health services.
   
   - **CAPACITY BUILDING:** Development of infrastructure and resources related to volunteer management for a nonprofit or government agency, which includes volunteer recruitment, management and/or training.

5. Complete the questions and submit your responses online.

We greatly appreciate your time and look forward to receiving your valuable feedback on the Compact Service Corps AmeriCorps program.

Thank you!
Dear Compact Service Corps Member:

At the end of your term of service we ask you to complete a brief online exit survey. These surveys allow us to make continual improvements to the Compact Service Corps program to better meet the needs of students, participating campuses, and community partners.

You will complete one survey for yourself based on your experience serving at your nonprofit or government agency this past year.

To begin the survey:

1. Go to www.ccmountainwest.org,
2. Click on AmeriCorps Programs,
3. Click on Compact Service Corps,
4. Click on Members
   Under “Evaluation,” click on the link for the survey.

   • EDUCATION: Members who engaged in tutoring or other education programs to increase academic engagement.

   • HEALTHY FUTURES SURVEY: Members who provided preventive and/or primary healthcare to medically underserved clients.

   • CAPACITY BUILDING SURVEY: Members who assisted with development of infrastructure and resources related to volunteer management for a nonprofit or government agency, which included volunteer recruitment, management and/or training.

5. Complete the questions and submit your responses online.
6. Print out the final page of the survey that says “Thank You” and give to your Compact Service Corps Coordinator for your Member file.

We greatly appreciate your time and look forward to receiving your valuable feedback on the Compact Service Corps AmeriCorps program.

Thank you!
Compact Service Corps Coordinators: Please complete this evaluation of your AmeriCorps Member with feedback related to the service and support she/he provided with the Compact Service Corps AmeriCorps Program. Please keep a copy of this document in the Member’s file.

Date: ..........................................................

The following is an evaluation for: ..................................................................................................................

(MEMBER NAME)

Member enrolled in a ..........................................(# HOURS) hour term of service.

Member completed ............................................ (ACTUAL # OF HOURS COMPLETED) hours.

☐ Member attended an orientation session about the Compact Service Corps AmeriCorps program and its requirements.

☐ Member was provided with Member Handbook, the Compact Service Corps website information, and other required information.

☐ Member completed all required paperwork and requirements for the Compact Service Corps AmeriCorps program as outlined in the Member Handbook.

☐ Member complied with all Compact Service Corps and AmeriCorps guidelines and rules during his/her term of service as outlined in the Member Contract.

☐ Member completed Time Logs with associated Project Accomplishments and Site Supervisor verification for each month during the Member’s term of service to track performance.

☐ Member successfully completed their hours and their term of service in AmeriCorps on or before their contract end date.

☐ Member was provided information about the required end of term evaluations (Site Supervisor Evaluation and Member Survey).

☐ Member successfully met his/her service goals as outlined in his/her Service Plan for Success.

☐ Member is eligible to receive an education award.

☐ Member is eligible to participate in another term of service with AmeriCorps.

☐ Member is not eligible to receive an education award.

If the Member was released for personal, compelling circumstances; released for cause; exited with partial award; or is NOT eligible to participate in another term of service with AmeriCorps, please explain:
..........................................................................................................................................................................
..........................................................................................................................................................................

COMPACT SERVICE CORPS COORDINATOR NAME: .................................................................

PARTICIPATING CAMPUS: ...........................................................................................................................

CSC COORDINATOR SIGNATURE: ................................................................. DATE: ..................................
• Exit Form
  › Complete Part 1

• Interest Accrual Form
  › If you have unsubsidized, federally-qualified student loans, you may qualify for the interest accrual payment benefit. To claim this benefit, fill out the Interest Accrual Form and submit to your lending institution.

Congratulations on successfully completing your Compact Service Corps AmeriCorps Term of Service!

A Navajo family living in a cramped, drafty house compares to those of third world country living conditions. University of Colorado Denver students moved to Bluff, UT to construct a house for a Navajo family. As a group, we designed and built an eco-friendly, sustainable home through the use of non-traditional building materials and methods. This photo shows students constructing a rammed earth wall. The wall was constructed with local materials: clay, water, portland cement, gravel and a lot of man/woman power. This photo portrays our hard work, love and dedication for helping those in need and determination to make a difference, no matter the magnitude.
National Service Trust Exit Form

This form will end the term of an AmeriCorps member in the National Service Trust and report on the eligibility of the member for a Segal Education Award. It will also provide the Corporation for National and Community Service (CNCS) with evaluation exit data.

PART 1

1. Name
   Last First MI

2. Social Security Number

3. Mailing Address (Where the Segal Education Award should be sent, if mailed)
   Number and Street
   City State Zip Code

4. Email Address

5. For AmeriCorps VISTA members only: I would like to
   - [ ] Reenroll for another year
   - [ ] Terminate my service early
   - [ ] Complete my service as scheduled
   - [ ] Extend my service for less than a year

CNCS gathers information about education and disability status to ensure opportunities to serve are provided for people of all conditions. This information will be held confidentially, and will solely be used for data analysis to assist us in ensuring we serve all Americans equally. The information you provide will not be used in any way to determine or affect any federal benefit. Under the Rehabilitation Act (Act) information on your disability status can only be used in connection with non-discrimination and affirmative action obligations. The information will be kept confidential in accordance with the Act’s provisions and the information will be used only in accordance with the Act. Your responses are required in order to successfully verify your service.

5. Disability Status:
The next questions address disability and serious health conditions. Your responses will ensure that our outreach and recruitment policies are reaching a wide range of individuals with physical or mental conditions. Consider your answers without the use of medication and aids (except eyeglasses) or the help of another person.

Do you have one of the following? Check all that apply to you:

- Deaf or serious difficulty hearing
- Blind or serious difficulty seeing even when wearing glasses
- Missing an arm, leg, hand, or foot
- Significant psychiatric disorder (e.g. bipolar disorder, schizophrenia, PTSD, major depression, etc.)
- Intellectual disability (formerly described as mental retardation)
- Developmental disability (e.g. cerebral palsy, autism spectrum disorder, etc.)
- Other disability or serious health condition, including:
  - Alcoholism
  - Cancer
  - Cardiovascular or heart disease
  - Crohn’s disease, irritable bowel syndrome, or other gastrointestinal impairment
  - Depression, anxiety disorder, or other psychological disorder
  - Diabetes or other metabolic disease
  - History of drug addiction (but not currently using illegal drugs)
- Paralysis, partial or complete (any cause)
- Significant disfigurement (e.g. burns, wounds, accidents, or congenital disorders)
- Significant mobility impairment (e.g. wheelchair, scooter, walker, leg brace used to walk, etc.)
- Traumatic brain injury
- Dwarfism
- Epilepsy or other seizure disorder

- HIV infection/AIDS or other immune disorder
- Kidney dysfunction (e.g. requiring dialysis)
- Learning disabilities or ADHD.
- Liver disease (e.g. hepatitis, cirrhosis)
- Lupus, fibromyalgia, rheumatoid arthritis, or other autoimmune disorder
- Morbid obesity
- Nervous system disorder (e.g. migraine headaches, Parkinson’s disease, multiple sclerosis, etc.)
• Non-paralytic orthopedic impairments (e.g. chronic pain, stiffness, weakness in bones or joints, or some loss of ability to use parts of the body)
• Sickle cell anemia, hemophilia, or other blood disease
• Speech impairment
• Orthopedic impairments or osteo-arthritis
• Pulmonary or respiratory impairment, for example, asthma, chronic bronchitis, or TB
• Spinal abnormalities, for example, spina bifida or scoliosis
• Thyroid dysfunction or other endocrine disorder

If you did not select one of the options above, please indicate why:

☐ I have a disability or serious health condition, but do not wish to specify my condition
☐ I do not wish to answer questions regarding disability/serious health conditions
☐ None of the conditions listed above apply to me

6. Do you receive Social Security disability benefits, such as Supplemental Security Income or Social Security Disability Insurance (SSDI)?
☐ Yes ☐ No ☐ Prefer not to respond

7. School Status:
Has your highest level of education changed since you enrolled?
☐ Yes ☐ No

If yes, please answer the following questions:

What is your highest level of education?
☐ Less than high school or equivalent
☐ High school diploma/GED
☐ Technical school/apprenticeship/vocational
☐ Some college
  Most recent school attended ___________________________ Type of degree, diploma, or certificate _______
☐ Associates degree (AA)
  School that provided degree ___________________________ Type of degree, diploma, or certificate _______
☐ College graduate
  School that provided degree ___________________________ Type of degree, diploma, or certificate _______
☐ Graduate degree (e.g. MA, PhD, MD, JD)
  School that provided degree ___________________________ Type of degree, diploma, or certificate _______

8. Privacy Act Information Release
☐ Yes, I give the Corporation for National and Community Service permission to release the following information about me to an AmeriCorps Alumni Association (check all that apply):
  ☐ Name ☐ Address ☐ Email ☐ Telephone Number

☐ No, I do not give the Corporation for National and Community Service permission to release my information to an AmeriCorps Alumni Association.

9. Post Service Opportunities:
The Corporation for National and Community Service would like to provide you with information and resources to help you stay engaged in service and connect with educational, professional, and alumni opportunities. Please check all that apply.

☐ I am interested in connecting with other AmeriCorps alumni.
☐ I am interested in learning more about educational opportunities and how to use my Segal Education Award.
☐ I am interested in professional development trainings, resume-writing resources, and career opportunities.
☐ I am not interested in this information and resources.
Certification of Service

I certify that the time I reported to my program as program service hours is true and correct and did not include any service activities prohibited by law, regulation, or grant provisions. I agree, by signing this form, to provide, if asked, documentation to verify the accuracy of the information I have provided in this form.

I understand that a knowing and willful false statement on this form can be punished by one or more of the following: a fine or imprisonment (or both) under Section 1001 of Title 18, USC; exclusion from participation in Federal programs; forfeiture of benefits I may receive as a result of participation in this program; or other actions authorized by the Civil Fraud Remedies Act, 31 USC 3801-3812.

Member’s Signature: _______________________________ Date: __________________________

Privacy Statement — In compliance with the Privacy Act of 1974, the following information is provided: The information requested on the AmeriCorps Exit Form is collected pursuant to 42 U.S.C. §§ 12573 and 12602 of the National and Community Service Act of 1990, as amended. The primary purpose of the information is to successfully exit a member from a term of service and enable him or her to receive the education award. The evaluative information will help CNCS improve its programming and services to members. Information may be shared with other agencies, such as the Social Security Administration, through computer matching agreements for the purpose of verifying identity and citizenship status information provided by you in this document, as well as other matching and data sharing agreements with federal agencies, agency contractors, and other non-federal entities to assist the agency in its research and statistical evaluation missions. 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. While disclosure of your SSN is voluntary, failure to disclose your SSN may result in a denial of your receiving an education award. All information obtained will be used only for official purposes, treated confidentially, and will not be disclosed outside the agency unless there is a specific official need for the recipient to know the information, there exists a data sharing agreement referenced above, or release of the information falls within one of the exemptions of the Privacy Act.

Public Burden Statement — Public reporting burden for this collection of information is estimated to average 10 minutes per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the form. Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, Attn: Amy Borgstrom, 1201 New York Avenue, NW, Washington, D.C. 20525. CNCS informs people who may respond to this collection of information that they are not required to respond to the collection of information unless the OMB control number and expiration date displayed on page 1 are current and valid. (See 5 C.F.R. 1320.5(b)(2)(i).)

OMB No.: 3045-0006 Expiration Date: 6/30/2017
Exit information should be electronically submitted to CNCS 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 electronically to the Corporation for National and Community Service.

1. **Name of Program (or AmeriCorps NCCC Campus)**

2. **Operating Site I.D. Number**

3. **Hours of Service Performed**
   - **(not applicable for AmeriCorps VISTA)**
   - **__hours**

4. **Date of Completion of Term of Service**
   - **Month**  **Day**  **Year**

5. **Type of Enrollment**
   - (Mark only one.)
   - [ ] Full-time (1700 hours per year, or 365 days for AmeriCorps VISTA)
   - [ ] Half-time (900 hours in up to 2 years)
   - [ ] Reduced half-time (675 hours)
   - [ ] Quarter time (450 hours)
   - [ ] Minimum time/Summer (300 hours)
   - [ ] Silver Scholar (350 hours min)

6. **Segal Education Award Status:**
   - Indicate whether or not the member is eligible for an education award. Please be sure to follow CNCS regulations in making this selection.
   - If the member is going to serve another term under the National Service Trust, a new National Service Enrollment Form must be completed.
   - [ ] Eligible for **entire** Segal Education Award (member successfully completed service)
   - [ ] Eligible for **partial** Segal Education Award (member did not fully complete service for compelling personal reasons)
   - [ ] Not eligible for Segal Education Award (member did not fully complete service requirements)
   - [ ] Not eligible for Segal Education Award (member chose alternative benefit)
   - [ ] Not eligible for Segal Education Award (member dismissed for misconduct)
   - [ ] Not eligible for Segal Education Award (other, please specify): ........................................

7. **Did the member perform satisfactorily (complete all assignments, tasks, and projects)?**  [ ] Yes  [ ] No

8. **Certification of Service**
   - I certify that to the best of my knowledge and belief, the time the above-listed member reported as AmeriCorps, Silver Scholar, or Serve America Fellow program service hours did not include any service activities prohibited by law, regulation, or grant provision; that the member performed satisfactorily (completed all assignments, tasks, and projects), and that the hours of service performed indicated on this form for this service member are true and accurate.

   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. or other actions authorized by the Civil Fraud Remedies Act, 31 USC 3801-3812.

**Signature of Certifying Official:** ________________________________  **Date:** ________________________________

**Name of Certifying Official (Please Print):** ________________________________

For Official Use Only
Upon successfully completing a term of service and earning an education award, the National Service Trust will pay, on behalf of the borrower, all or a portion of the interest that accrued on a qualified student loan* during the member’s term of national service. The loan must have been in forbearance, deferment or a grace period during this period. This form requests the loan holder to provide the interest amount and send the form to the Trust for payment. Payment will be made only to the loan holder. This payment, like payments from a member’s education award, is considered taxable income in the year the payment is made.

**A QUALIFIED STUDENT LOAN**

FOR THE LOAN HOLDER: Complete the Loan Holder Section and return the form to: National Service Trust/CNCS, 1201 New York Ave NW, Washington DC 20525

**A. MEMBER SECTION (Must be completed in full and signed by the AmeriCorps member upon completion of service - please print)**

<table>
<thead>
<tr>
<th>Member’s name:</th>
<th>Social Security Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street:</td>
<td>Phone:</td>
</tr>
<tr>
<td>City, State &amp; zip:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Period of National Service (dates):</th>
<th>Beginning Mo Day Year</th>
<th>through Mo Day Year</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>I certify that the information above is true and correct. I authorize the release of any loan information to the National Service Trust.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borrower’s signature:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>

Please forward this form to your loan holder

**B. LOAN HOLDER’S SECTION - Complete all boxes, indicating either total $ amount OR daily amount of interest**

<table>
<thead>
<tr>
<th>Loan name or type (If a Federal Consolidation Loan, please state the full loan name or type):</th>
<th>Total amount of interest accrued on member’s qualified loan(s) during service period: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cite loan numbers, if interest is for more than one loan:</td>
<td><strong>DO NOT</strong> include interest which has been or will be paid by the US Dept of Education. <strong>DO</strong> include all other accrued interest for which the borrower is responsible.</td>
</tr>
<tr>
<td>Payoff amount: $</td>
<td>********** OR **********</td>
</tr>
<tr>
<td>If state agency made loan, name of agency:</td>
<td>Daily interest accrual amount: $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Loan Holder/Servicer information (where payment should be sent). Address must be complete and legible:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Federal Taxpayer ID:</td>
</tr>
<tr>
<td>Customer Service eMail:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I certify that the amount designated is for eligible interest that accrued on the qualified student loan(s)* during the service period indicated, and that any loan cited was in forbearance, deferment, or a grace period during the service period.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Representative of Loan Holder/Servicer</td>
</tr>
</tbody>
</table>

* A QUALIFIED STUDENT LOAN is 1) any loan made, insured, or guaranteed pursuant to Title IV of the Higher Education Act of 1965, as amended, other than a loan to a parent of a student pursuant to § 428B of such Act; 2) any loan made pursuant to Titles VII or VIII of the Public Health Service Act; and 3) any loan determined by an institution of higher education to be necessary to cover a student’s cost of attendance at such an institution and made directly to a student by a state agency. Examples of these loans include Federal Family Education Loans (Subsidized & Unsubsidized Stafford Loans, Supplemental Loans to Students (SLS), Consolidation Loans), Federally Insured Student Loans (FISL), Federal Direct Loan Program Loans (FDLP), Perkins Loans, Health Education Assistance Loans (HEAL), Health Professions Student Loans (HPSL), Loans for Disadvantaged Students (LDS), Nursing Student Loans (NSL), Primary Care Loans (PCL), and loans made directly to members by a state’s Higher Education Authority and a state institution of higher education. (The “maker” of every loan should be cited on the loan’s Promissory Note.)