

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. This form may be filled out on paper or electronically.

PART 1

Member: Please Complete and Sign

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

Email Address

Home Phone

Business Phone

Ext

4. For VISTA Volunteers only: I would like to
Complete my service as scheduled
Reenroll for another year
Extend my service for less than a year
Terminate my service early

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
- Paralysis, partial or complete (any cause)
- Significant disfigurement, for example, severe disfigurements caused by burns, wounds, accidents, or congenital disorders
- Significant mobility impairment, for example, use of a wheelchair, scooter, walker, or use of a leg brace to walk
- Significant psychiatric disorder, for example, bipolar disorder, schizophrenia, PTSD, or major depression
- Intellectual disability (formerly described as mental retardation)
- Developmental disability, for example, cerebral palsy or autism spectrum disorder
- Traumatic brain injury
- Dwarfism
- Epilepsy or other seizure disorder
- Other disability or serious health condition. Examples include:

- 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)
- HIV infection/AIDS or other immune disorder
- Kidney dysfunction, for example, requiring dialysis
- Learning disabilities or ADHD

Liver disease, for example, hepatitis or cirrhosis
Lupus, fibromyalgia, rheumatoid arthritis, or other autoimmune disorder
Morbid obesity
Nervous system disorder, for example, migraine headaches, Parkinson's disease, or multiple sclerosis
Non-paralytic orthopedic impairments, for example, chronic pain, stiffness, weakness in bones or joints, or some loss of ability to use parts of the body
Orthopedic impairments or osteo-arthritis
Pulmonary or respiratory impairment, for example, asthma, chronic bronchitis, or TB
Sickle cell anemia, hemophilia, or other blood disease
Speech impairment
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 (SSI) 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
High school diploma/GED
Technical school/apprenticeship/vocational
Some college
Associates degree (AA)
College graduate
Graduate degree (e.g. MA, PhD, MD, JD)

If you have some college:

Choose the most recent school you attended

If school is not listed, provide name here
Type of degree, diploma, or certificate

If you have an Associate's degree:
Choose the school from which you received your most recent Associate's degree

If school is not listed, provide name here
Type of degree, diploma, or certificate

If you have a Bachelor's degree:
Choose the school from which you received your most recent Bachelor's degree

If school is not listed, provide name here
Type of degree, diploma, or certificate

If you have a graduate degree:
Choose the school from which you received your most recent graduate degree

If school is not listed, provide name here
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.

Corps

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. The Corporation 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 Control Number 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 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 per year for VISTA)

 VISTA Summer Associate (10-12 weeks)

 Half-time (900 hours in no more than 2 years)

 Half-time (900 hours in no more than 1 year)

 Reduced half-time 675 hours

 Quarter time 450 hours

 Minimum time/Summer 300 hours

6. Segal Education Award Status:

Indicate whether or not the Member is eligible for a Segal Education Award. Please be sure to follow CNCS's 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 (Specify):

7. Did the member perform satisfactorily (complete all assignments, tasks, and projects)?

Note, responding "No" may restrict future membership opportunities for this individual

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):