

## **Privacy Act Statement (PAS)**

Authorities – This information is requested pursuant to the National and Community Service Act of 1990 as amended (42 USC 12501 et seq.), the Domestic Volunteer Service Act of 1973 as amended (42 USC 4950 et seq.), and E.O. 9397 as amended. Purposes – It is requested to manage, administer, and evaluate the childcare benefits program offered to eligible AmeriCorps Service Members. Routine Uses – Routine uses of this information may include disclosure to (1) contractors to assist with administering the childcare benefit, (2) individuals and organizations providing childcare, and (3) federal, state, or local agencies pursuant to lawfully authorized requests. A complete list of uses can be found in the system of records notice associated with this collection of information, CNCS-06-CPO-ACB-AmeriCorps Childcare Benefit System (ACB). Effects of Nondisclosure – This request is voluntary, but not providing the information will likely affect your ability to receive childcare benefits.

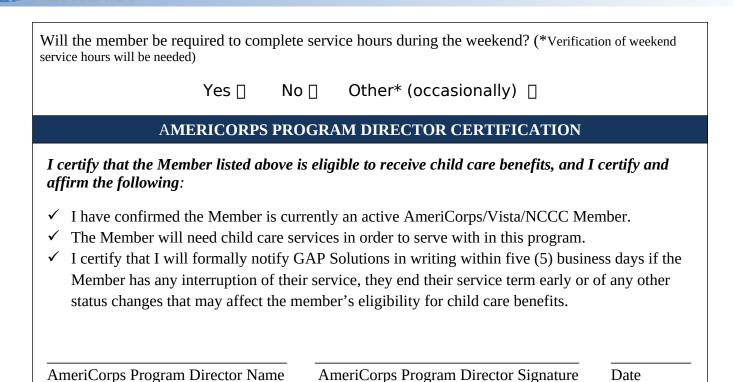
AMERICORPS MEMBER AND SUPERVISOR INFORMATION

AmeriCorps Member Name	
AmeriCorps Site Supervisor Name	
Supervisor's Email Address	
Supervisor's Telephone #	
SERVICE ASSIGNMENT PROGRAM INFORMATION	
Service Site Address:	
Street:	
City:	State: Zip Code:
<b>Program Affiliation:</b> Which of the following programs is the AmeriCorps Member enrolled in? Please check one of the three programs below:	
☐ AmeriCorps <b>State and National (</b> if checked, is the Member serving in the Professional Corps	
Program?) Yes No	
☐ AmeriCorps <b>VISTA</b>	
☐ AmeriCorps NCCC/FEMA	
Please check the slot type the AmeriCorps Member signed up to work:	
☐ Regular Full Time (1700 Hours of)	Service.
☐ Half-time, Reduced Half-time, or Qua	arter Time.
If the AmeriCorps Member is <b>not</b> a full serving?	time associate, in what capacity is the AmeriCorps Member
☐ Full Time Capacity	
□□Part Time Capacity	

OMB No.: 3045-0142 expires 12-31-2021

Service Term Start Date:

Projected Term End Date:



(please print)

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