

AMERICORPS MEMBER FILE REVIEW

Member Name: _____

Program Name: _____

Start Date: _____ End Date: _____ Position Type (FT, HT, QT,MT) _____

Date Enrolled: _____ Date Exited (If Applicable): _____

Change of Status Yes No

	Compliant	Non-Compliant	COMMENTS / Notes
MEMBER APPLICATION			
Completed AmeriCorps Application	<input type="checkbox"/>	<input type="checkbox"/>	
Selection Documentation <i>References, resume, interview notes</i>	<input type="checkbox"/>	<input type="checkbox"/>	
MEMBER ELIGIBILITY			
Proof of Citizenship / Allowable Legal Status <i>Note if not in My AC Portal</i>	<input type="checkbox"/>	<input type="checkbox"/>	
High School Diploma, GED, or plan on file	<input type="checkbox"/>	<input type="checkbox"/>	
Driver's License/ Proof of Insurance <i>If applicable</i>	<input type="checkbox"/>	<input type="checkbox"/>	
BACKGROUND CHECKS <i>Initiated prior to start of service</i>			
FBI Check <i>If applicable</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Criminal Background Check - VT State	<input type="checkbox"/>	<input type="checkbox"/>	
Out of State Residence Criminal Background Check <i>If applicable</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Nat. Sex Offender Public Reg. <i>Copy of results available</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Child Protection Reg. Check	<input type="checkbox"/>	<input type="checkbox"/>	
Adult Abuse Reg. Check	<input type="checkbox"/>	<input type="checkbox"/>	

Member Name: _____

Reviewer Initials: _____

Date: _____

MEMBER FORMS			
Enrollment Form	<input type="checkbox"/>	<input type="checkbox"/>	
Enrolled into eGrants within 30 days	<input type="checkbox"/>	<input type="checkbox"/>	
Member Agreement <i>Signed and dated prior to start of service.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Position Description	<input type="checkbox"/>	<input type="checkbox"/>	
W-4 Tax withholding form <i>If receiving stipend</i>	<input type="checkbox"/>	<input type="checkbox"/>	
I-9 Federal Employment form <i>If applicable</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Forbearance request <i>Applied online / waiver if applicable</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Media Release	<input type="checkbox"/>	<input type="checkbox"/>	
National Service Exit Form <i>If applicable</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Contact Information	<input type="checkbox"/>	<input type="checkbox"/>	
End of Term / Exit within 30 days	<input type="checkbox"/>	<input type="checkbox"/>	
FULLTIME MEMBERS ONLY			
Election/Decline of Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	
Election/ Decline of Childcare	<input type="checkbox"/>	<input type="checkbox"/>	

Member Name: _____

Reviewer Initials: _____

Date: _____

PERFORMANCE EVALUATION			
Mid-term Evaluation <i>Signed, dated</i>	<input type="checkbox"/>	<input type="checkbox"/>	
End-of-Term Evaluation <i>Signed, dated</i>	<input type="checkbox"/>	<input type="checkbox"/>	
TIME AND ATTENDANCE RECORDS			
Signed and Dated By Program Official	<input type="checkbox"/>	<input type="checkbox"/>	
Signed and Dated By Member	<input type="checkbox"/>	<input type="checkbox"/>	
Timesheets Up-To-Date	<input type="checkbox"/>	<input type="checkbox"/>	
Online Timesheets Match Sample Timesheets <i>If applicable</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Timesheets Split Service/Training/Fundraising Hours	<input type="checkbox"/>	<input type="checkbox"/>	
Fundraising <i>No more than 10% time</i>	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER			
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

