



AmeriCorps

AmeriCorps Previous Service Term Check

Name of Applicant: _____ Date: _____

Name of Previous AmeriCorps Program: _____

Name of Program Contact: _____

Phone: _____ Email: _____

1) Please indicate your relationship to this AmeriCorps member:

- Program Director Supervisor Coordinator
- Other: _____

2) Describe the applicant's term of service

- Slot type: FT HT RHT QT MT
- Length of service (in months): _____
- Position held (if applicable): _____

3) Did the member complete his/her term of service and earn an Education Award?

- Yes No Not sure

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

- Yes No

5) Would you "rehire" this member again? Why or why not? _____

6) Is there anything else we should know about this member regarding his/her ability to serve as an AmeriCorps member again? _____

Note: If member served in AmeriCorps, attach a copy of End of Term Evaluation indicating satisfactory performance.

AmeriCorps Program Staff Signature

Date Completed