



# AmeriCorps Member File Checklist

Name: \_\_\_\_\_

Program Year: \_\_\_\_\_

<b>Member Enrollment</b>	
<input type="checkbox"/>	Application (if outside of eGrants)
<input type="checkbox"/>	Interview Forms
<input type="checkbox"/>	Reference Checks
<input type="checkbox"/>	<b>Employment Verification form (I-9)</b>
<input type="checkbox"/>	<b>W-4</b>
<input type="checkbox"/>	<b>VA-4</b>
<input type="checkbox"/>	<b>High School Graduate or Equivalent Self-Certification</b>
<input type="checkbox"/>	Childcare Form (if full-time)
<input type="checkbox"/>	Healthcare Form (if full-time)

<b>Member Eligibility</b>	
<b>NSCHC</b>	
<input type="checkbox"/>	<b>Adjudicated Fieldprint Results (if adjudicated outside the system)</b>
<input type="checkbox"/>	Additional NSCHC documentation (as applicable)

<b>Age and Citizenship</b>	
<input type="checkbox"/>	<b>Copy of Government-Issued Photo ID</b>
<input type="checkbox"/>	___ Copy of U.S. Birth Certificate, ___ Copy of U.S. Passport, or ___ Copy of Permanent Resident Card
<input type="checkbox"/>	<b>Copy of Social Security Card</b>

<b>Member Position</b>	
<input type="checkbox"/>	<b>Member Service Agreement</b>
<input type="checkbox"/>	<b>Position Description (part of MSA)</b>

<b>Member Supervision</b>	
<input type="checkbox"/>	<b>Mid-Term Performance Evaluation (if applicable)</b>
<input type="checkbox"/>	<b>End-Term Performance Evaluation (ALL members)</b>
<input type="checkbox"/>	Behavioral Warnings and Action Plans
<input type="checkbox"/>	Nominations/Special Recognition

<b>Member Exit</b>	
<input type="checkbox"/>	Termination or Resignation Letter
<input type="checkbox"/>	Personal Compelling Circumstance Documentation (if applicable)

<b>Other</b>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

*\*Items in **BOLD** are required. Other items are optional or as needed.*