COLORADO CAMPUS COMPACT
COMPACT SERVICE CORPS

EXIT PACKET
2012 - 2013
# Checklist of Required Exit Paperwork

- **Member Evaluation Forms**
  - Site Supervisor Evaluation Letter
  - Member Survey
  - Coordinator Evaluation

- **Member Exit Forms**
  - National Service Trust Exit Form
  - Interest Accrual Form

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Before exiting the program and to ensure your file is in compliance with the program’s federal guidelines, you must complete the following:

» Evaluations

**Member:**
- Give a copy of the Site Supervisor Evaluation letter to your Site Supervisor
- Complete the online survey based on your service focus area

**Compact Service Corps Coordinator:**
- Complete Coordinator Evaluation

» Exit Form

**Member:**
- Complete Part 1 of the Exit Form
- Provide your original signature and accurate exit date at the bottom of Part 1 of the Exit Form

**Compact Service Corps Coordinator:**
- Complete Part 2 of the Exit Form
- Provide original signature and date at the bottom of the page
Member Exit Process

• **Letter for Site Supervisor**
  › All Members give a copy of the Site Supervisor Evaluation Letter to your supervisor

• **Online Member Survey**
  › All Members complete an online Member Survey specific to the focus area in which you served

• **Coordinator Evaluation**
  › All Coordinators complete a Coordinator Evaluation: Be sure to check appropriate boxes
Dear Site Supervisor:

The Member, ____________________________________________________________, serving at your nonprofit or government agency is enrolled as a Compact Service Corps AmeriCorps Member through his/her college or university. As part of his/her unpaid service at your organization, this Member will receive a service scholarship that may be used for education expenses.

At the end of this Member’s term of service we are asking you, as the Site Supervisor, to complete a brief exit survey online. These surveys allow us to make continual improvements to the Compact Service Corps program that better meet the needs of students, community members, and nonprofit organizations.

You will complete only one survey for your organization. If your agency hosts more than one Compact Service Corps Member, you will still complete only one survey per year.

To begin the survey:
1. Log on to www.cccompact.org,
2. Click on AmeriCorps Programs,
3. Click on Compact Service Corps,
4. Click on Community Partners
   Under “Evaluation,”click on the link for the survey.

- **EDUCATION:** Academic support for K-12 public school, after-school or extended-day academic enrichment, America Reads/Counts, tutoring, mentoring with a strong academic component.

- **HEALTHY FUTURES:** EMT services, nursing, physician assistance, dental hygiene, radiology technology, hospice, rehabilitation therapy, mental health services, providing preventive and/or primary health services.

- **CAPACITY BUILDING:** Development of infrastructure and resources related to volunteer management for a nonprofit or government agency, which includes volunteer recruitment, management and/or training.

5. Complete the questions and submit your responses online.

We greatly appreciate your time and look forward to receiving your valuable feedback on the Compact Service Corps AmeriCorps program.

Thank you!
Dear Compact Service Corps Member:

At the end of your term of service we ask you to complete a brief online exit survey. These surveys allow us to make continual improvements to the Compact Service Corps program to better meet the needs of students, participating campuses, and community partners.

You will complete one survey for yourself based on your experience serving at your nonprofit or government agency this past year.

To begin the survey:

1. Go to www.cccompact.org,
2. Click on AmeriCorps Programs,
3. Click on Compact Service Corps,
4. Click on Members
   Under “Evaluation,” click on the link for the survey.

   • EDUCATION: Members who engaged in tutoring or other education programs to increase academic engagement.

   • HEALTHY FUTURES SURVEY: Members who provided preventive and/or primary healthcare to medically underserved clients.

   • CAPACITY BUILDING SURVEY: Members who assisted with development of infrastructure and resources related to volunteer management for a nonprofit or government agency, which included volunteer recruitment, management and/or training.

5. Complete the questions and submit your responses online.
6. Print out the final page of the survey that says “Thank You” and give to your Compact Service Corps Coordinator for your Member file.

We greatly appreciate your time and look forward to receiving your valuable feedback on the Compact Service Corps AmeriCorps program.

Thank you!
Compact Service Corps Coordinators: Please complete this evaluation of your AmeriCorps Member with feedback related to the service and support she/he provided with the Compact Service Corps AmeriCorps Program. Please keep a copy of this document in the Member’s file.

Date: 

The following is an evaluation for: 

(Member Name)  

(Member enrolled in a # HOURS hour term of service.)  

(Member completed ACTUAL # OF HOURS COMPLETED) hours.

- [ ] Member attended an orientation session about the Compact Service Corps AmeriCorps program and its requirements.
- [ ] Member was provided with Member Handbook, the Compact Service Corps website information, and other required information.
- [ ] Member completed all required paperwork and requirements for the Compact Service Corps AmeriCorps program as outlined in the Member Handbook.
- [ ] Member complied with all Compact Service Corps and AmeriCorps guidelines and rules during his/her term of service as outlined in the Member Contract.
- [ ] Member completed Time Logs with associated Project Accomplishments and Site Supervisor verification for each month during the Member’s term of service to track performance.
- [ ] Member successfully completed their hours and their term of service in AmeriCorps on or before their contract end date.
- [ ] Member was provided information about the required end of term evaluations (Site Supervisor Evaluation and Member Survey).
- [ ] Member successfully met his/her service goals as outlined in his/her Service Plan for Success.
- [ ] Member is eligible to receive an education award.
- [ ] Member is eligible to participate in another term of service with AmeriCorps.
- [ ] Member is not eligible to receive an education award.

If the Member was released for personal, compelling circumstances; released for cause; exited with partial award; or is NOT eligible to participate in another term of service with AmeriCorps, please explain:

COMPACT SERVICE CORPS COORDINATOR NAME:  
PARTICIPATING CAMPUS:  
CSC COORDINATOR SIGNATURE: DATE:
Congratulations on successfully completing your Compact Service Corps AmeriCorps Term of Service!

Vincent Abate and Lucas Olson showed kids at Cole Arts School how to make pizza into a healthy and delicious after school snack. This was part of the Johnson & Wales University Spa Cuisine class. Students went out into the community to perform cooking demonstrations and talk to students about healthy eating.

Photo Credit: Vincent Abate, Johnson & Wales University
This form will end the term of a serving member in the National Service Trust and report on the eligibility of the member for an education award. It will also provide the Corporation with evaluation exit data.

**PART 1**

**Member: Please Complete and Sign**

1. **Name**  
   Last: ___________________________  
   First: ___________________________  
   Mi: ___________________________

2. **Social Security Number**  
   ___________________________

3. **Mailing Address** (Where the education award should be sent, if mailed)  
   Number and Street: ___________________________  
   City: ___________________________  
   State: ___________________________  
   Zip Code: ___________________________

   **Email Address**  
   ___________________________

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

5. **Post Service Opportunities:**  
   The Corporation for National and Community Service would like to encourage you to stay involved in service and help you connect with educational, professional, and alumni opportunities. If you are interested in staying connected with the following organizations, please let us know.

   - [ ] Yes, I give the Corporation for National and Community Service permission to release my name, address (including e-mail), and telephone number to the following types of organizations:
     - Educational institutions that are interested in recruiting former AmeriCorps, Silver Scholar, or Serve America Fellow program members or that provide special programs for former members
     - Organizations offering professional development opportunities or staff positions to AmeriCorps, Silver Scholar, and Serve America Fellow program members
     - AmeriCorps, Silver Scholar, and Serve America Fellow program Alumni organizations
     - Organizations that sponsor service opportunities and want to recruit former AmeriCorps, Silver Scholar, or Serve America Fellow program members

   - I am particularly interested in the following issue areas (please mark all that apply):
     - [ ] Education  
     - [ ] Public Safety  
     - [ ] Natural & Other Disasters  
     - [ ] Environmental Stewardship & Conservation  
     - [ ] Urban & Rural Development  
     - [ ] Health  
     - [ ] Infrastructure Improvement  
     - [ ] Energy Conservation  
     - [ ] Faith & Community Based

   - [ ] No, please do not share my information with other organizations

**Certification of Service:**

I certify that the time I reported 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 Act Statement -- In compliance with the Privacy Act of 1974, the following information is provided. The collection of this information is authorized by the provisions of the National and Community Service Act of 1990, as amended. The primary purpose of the information is to obtain from AmeriCorps program representatives their determination of whether a member successfully completed a term of service and is eligible to receive an education award. The evaluative information will help the Corporation improve its programming and services to members. For individuals who have indicated their desire to receive additional information on alumni organizations or special educational opportunities for alumni, members' names, addresses, and phone numbers will be shared with those organizations for that purpose. Information may also be provided to federal, state, and local agencies for law enforcement purposes. Information will otherwise be disclosed outside the Corporation without written permission. The Internal Revenue Service has determined that the education award is taxable in the year it is used. Your Social Security Number (SSN) is solicited under the authority of the Internal Revenue Code (28 U.S.C. 6301(b) and 6102), for use as a taxpayer identification number. Failure to disclose the SSN or any other information may result in a denial of your receiving an education award or it may delay the processing of your education award.

**OMB No.: 3045-0015**

For Official Use Only
For Official Use Only

Exit information should be electronically submitted to the Corporation 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 for VISTA)
   □ Half-time (900 hours in up to 2 years)
   □ Reduced half-time (675 hours)
   □ Quarter time (450 hours)
   □ Minimum time/Summer (300 hours)
   □ Silver Scholar (350 hours min)

6. Education Award Status:
   Indicate whether or not the Member is eligible for an education award. Please be sure to follow the Corporation’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 education award (member successfully completed service)
   □ Eligible for partial education award (member did not fully complete service for compelling personal reasons)
   □ Not eligible for education award (member did not fully complete service requirements)
   □ Not eligible for education award (member chose alternative benefit)
   □ Not eligible for education award (member dismissed for misconduct)
   □ Not eligible for education award. Other (Specify):

   Did the member perform satisfactorily (complete all assignments, tasks, and projects)? □ Yes □ No

7. 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): ____________________________

Public reporting burden — Estimated time to complete this form, including time for reviewing instructions, gathering, and providing the information needed to complete the form is 3 minutes for the Member section and 4 minutes for the Certifying Official section. Send comments regarding this burden or the content of this form to: Corporation for National and Community Service, National Service Trust, 1201 New York Avenue, NW, Washington, DC 20525. The Corporation informs the potential persons who are to respond to this collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number on this page of the form (see SCFR 1320.5(b)(2)(1)).
Upon successfully completing a term of service and earning an education award, the National Service Trust will pay, on behalf of the borrower, all or a portion of the interest that accrued on a qualified student loan* during the member’s term of national service. The loan must have been in forbearance, deferment or a grace period during this period. This form requests the loan holder to provide the interest amount and send the form to the Trust for payment. Payment will be made only to the loan holder. This payment, like payments from a member’s education award, is considered taxable income in the year the payment is made.

**INSTRUCTIONS**

FOR THE AMERICORPS MEMBER: A computer generated form is included in your award packet. However, if you use this blank form, fill out the Member Section, send the completed and signed form to each loan holder. Do not use the blank form before receiving your award. Your service period runs from the date you began your service (including any training period) to the date you completed it. Contact your project director if you do not know these dates. Incorrect service dates may delay processing payment.

FOR THE LOAN HOLDER: Complete the Loan Holder Section and return the form to: National Service Trust/CNCS, 1201 New York Ave NW, Washington DC 20525

**A. MEMBER SECTION (Must be completed in full and signed by the AmeriCorps member upon completion of service - please print)**

<table>
<thead>
<tr>
<th>Member’s name:</th>
<th>Social Security Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street:</td>
<td>Phone:</td>
</tr>
<tr>
<td>City, State &amp; zip:</td>
<td></td>
</tr>
</tbody>
</table>

**Period of National Service (dates):**

<table>
<thead>
<tr>
<th>Beginning</th>
<th>Through</th>
<th>payment cannot be made without dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
<td>Day</td>
<td>Year</td>
</tr>
</tbody>
</table>

I certify that the information above is true and correct. I authorize the release of any loan information to the National Service Trust.

Borrower's signature: __________________________ Date: __________________________

Please forward this form to your loan holder

**B. LOAN HOLDER’S SECTION - Complete all boxes, indicating either total $ amount OR daily amount of interest**

| Loan name or type (If a Federal Consolidation Loan, please state the full loan name or type): |
| Total amount of interest accrued on member’s qualified loan(s) during service period: |
| $ |

**DO NOT include interest which has been or will be paid by the US Dept of Education. **

**DO include all other accrued interest for which the borrower is responsible.**

********** OR **********

Daily interest accrual amount: $ ___

Indicate any period of time within the service period during which interest has been or will be paid by the US Dept of Education. Cite a period only if it is one during which the borrower is NOT responsible for interest, such as a grace period for a subsidized loan:

<table>
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<tr>
<th>Loan Holder/Servicer information (where payment should be sent).</th>
<th>Address must be complete and legible:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Address:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Federal Taxpayer ID:</td>
<td>:</td>
</tr>
<tr>
<td>Customer Service eMail:</td>
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</tbody>
</table>

I certify that the amount designated is for eligible interest that accrued on the qualified student loan(s)* during the service period indicated, and that any loan cited was in forbearance, deferment, or a grace period during the service period.

Signature of Representative of Loan Holder/Servicer: __________________________ Printed Name of Representative: __________________________ Date: __________________________

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**Privacy Act Statement:** In compliance with the Privacy Act of 1974, the following information is provided: The collection of this information is authorized by the provisions of the National and Community Service Act, as amended by the National and Community Service Trust Act of 1993. The primary purpose of the information is to enable an AmeriCorps member to have a payment made for all or a portion of the interest that accrued while the member was serving in an AmeriCorps project, The form asks the member’s loan holder to inform the Trust of the amount of interest that accrued in order for a payment to be made. Information is for official use only. 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, disclosure is MANDATORY because the Internal Revenue Service has determined that the education award is taxable income in the year it is paid. Furnishing all other information on this form is voluntary, but failure to do so may result in a denial of your interest being paid or it may delay the payment.

**Public reporting burden** for this collection of information is estimated to average 10 minutes per response, including reviewing instructions, gathering and providing the information needed to complete the form. Send comments regarding this burden or content of this instrument to: Corporation for National and Community Service, National Service Trust, 1201 New York Ave., NW, Washington, DC 20525. The Corporation informs the potential person(s) who are to respond to this collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number on this page of the form. (See 5 C.F.R. 1320.5(b)(2)(I)).