**PREVIOUS TERM ELIGIBILITY VERIFICATION FORM**

|  |  |  |
| --- | --- | --- |
| **Applicant Name:** |  | |
| **Start Date:** |  | |
| **Position:** |  | |
|  | |  |

**§ 2522.220 What are the required terms of service for AmeriCorps participants?**

(b) *Eligibility for subsequent term.* A participant will only be eligible to serve a subsequent term of service if that individual has received a satisfactory performance review for any previous term of service in an approved AmeriCorps position, in accordance with the requirements of paragraph (d) of this section and § 2526.15.

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| --- | --- |
| 1. Name of Previous AmeriCorps Program: |  |

|  |  |
| --- | --- |
| 1. Member’s Position | |
| AmeriCorps State/National  AmeriCorps VISTA  AmeriCorps NCCC | |
| Other: |  | |

1. Member’s Position Type

|  |  |
| --- | --- |
| FT  HT  RHT QT  MT  Other: |  |

1. Member’s Term of Service Dates

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date: |  | End Date: |  |

1. Did the member complete their term of service and earn an Education Award (this includes members earning Partial Awards due to Compelling Personal Circumstances exits)?

Yes  No

1. Did the member perform satisfactorily (complete all assignments, tasks, and projects), as indicated on the exit form in eGrants?

Yes  No

1. Is there anything else you would like to share about this member regarding his/her ability to serve as an AmeriCorps member again?

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| ***Authorized Program Staff Signature*** |  | ***Authorized Program Staff Print Name*** |
|  |  |  |
| ***Position Title*** |  | ***Date*** |