**PREVIOUS TERM ELIGIBILITY VERIFICATION FORM**

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| --- | --- |
| **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:
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| --- |
| 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*** |