<<Insert Program Name>>****

**PREVIOUS TERM ELIGIBILITY**

**VERIFICATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Member Information** | Last Name Click or tap here to enter text. | First Name Click or tap here to enter text. | MI Click or tap here to enter text. |
| Position Title Click or tap here to enter text. | Start Date Click or tap to enter a date.  |
| **§ 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. |
| **Previous Term Information** | Name of previous AmeriCorps program Click or tap here to enter text. |
|  Program Type*(choose one)* | [ ] AmeriCorps State/National[ ]  AmeriCorps VISTA  | [ ] AmeriCorps NCCC[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Member’s Position Type *(choose one)* | [ ] Full Time[ ]  Half Time[ ] Reduced Half Time | [ ]  Quarter Time[ ]  Minimum Time[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Did the member complete their term of service and earn an Education Award (*includes members earning partial awards due to Compelling Personal Circumstances exits*)? | [ ]  Yes[ ]  No |
| Did the member perform satisfactorily (*complete all assignments, tasks, and projects*), as indicated on the exit form in eGrants? | [ ]  Yes[ ]  No |
| Is there anything else you would like to share about this member regarding his/her ability to serve as an AmeriCorps member again? | Click or tap here to enter text. |
| Authorized Program Staff SignatureX | Authorized Program Staff Name Printed Click or tap here to enter text. |
| Position Title Click or tap here to enter text. | Date Click or tap to enter a date.  |