



CAMPUS CORPS EXIT CHECKLIST

Directions: Use this checklist to ensure you have completed all of your exit paperwork. You cannot be exited and become eligible to receive your Education Award until we have received all required exit paperwork. Be sure to read through the entire list to be certain you are submitting all required forms. Make copies of all paperwork for your own records prior to submitting.

Member Name: *(please print)*

Campus:

REQUIRED PAPERWORK – For ALL members

- This Exit Packet, which contains the following forms:**
 - CNCS Exit form**
 - End-of-term Member Performance Evaluation** *(to be completed by the Service Site or Campus-based Supervisor)*
 - Member Program Evaluation** *(to be completed by the member)*
 - Site Supervisor Survey** *(to be completed by the Service Site Supervisor)*
- Volunteer Survey(s)** *(each member must recruit **at least one** volunteer per term and have them complete this form)*
See Timelogs, Evaluation, & Reporting section for this form.
- Great Story**
- Final timelog(s)**

ADDITIONAL REQUIRED PAPERWORK – For Stipended members

- Final Quarterly Progress Report**

OPTIONAL PAPERWORK

- Interest Accrual Benefit Request** *(if applicable; **only complete this if you were granted forbearance status on one or more outstanding loans that were accruing interest during your AmeriCorps term**)*
 - Complete this online at <https://my.americorps.gov/mp/login.do> *no more than 90 days after the completion of your term*
 - **DO NOT** submit this to the Montana Campus Compact Network Office or to your local campus office

For Official Use Only



AMERICORPS EXIT FORM



This form will end the term of an AmeriCorps member in the National Trust and report on the eligibility of the member for an education award. It will also provide the Corporation with evaluation exit data.

Directions to Member

1. Use blue or black ink.
2. Print clearly
3. Please complete and sign Part 1.
4. Return the completed form to your **Program Director**. AmeriCorps*VISTA members should return the forms to the **Corporation State Office**.

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)

Number and Street

City State Zip Code

Email Address

Home Phone Business Phone Ext

4. 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 members or that provide special programs for former members
 - Organizations offering professional development opportunities or staff positions to AmeriCorps members
 - AmeriCorps Alumni organizations
 - Organizations that sponsor service opportunities and want to recruit AmeriCorps members

I am particularly interested in the following issue areas (please mark all that apply):

- Education Public Safety Housing Environment Health
 Disaster Relief Homeland Security Faith and Community Based
- No, please do not share my information with other organizations

Certification of Service:

I certify that the time I reported as AmeriCorps service hours did not include any service activities prohibited by law, regulation, or grant provision.

I certify that all of the information provided above is correct.

Member's Signature: _____ Date: _____

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.

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 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 not 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. 6011(b) and 6109), 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 Expires: 07/31/2010

For Official Use Only

CAMPUS CORPS MEMBER END-OF-TERM PERFORMANCE EVALUATION



Instructions for Supervisors: Please complete this evaluation at the end of the term to provide your AmeriCorps member with feedback related to the service and support s/he provided your organization while serving with the *Campus Corps* program. This evaluation should be used as a tool for you to review the member's service experience, contribute to his/her personal and professional growth, and reflect on the impact of the member's service with your agency. **The original of this document must be submitted to the enrolling office to be kept in the member's file.**

Member Name _____ Campus _____ Date _____

Supervisor _____ Hours completed to date _____

Has member served the minimum number of hours required for term completion? YES NO

CIVIC RESPONSIBILITY:

Member demonstrates lifelong commitment to service, identifies ways for self and others to engage in civic life, strives to be a well-rounded student and citizen, and applies knowledge, skills, and attitudes gained through service to civic life.

Strongly Disagree	Agree	Strongly Agree	Not Applicable
1 2	3 4	5	<input type="checkbox"/>

COMMITMENT:

Member sets realistic goals and follows through with commitments, balances service commitments and school/work/personal commitments appropriately, demonstrates reliability, and honors time commitments.

Strongly Disagree	Agree	Strongly Agree	Not Applicable
1 2	3 4	5	<input type="checkbox"/>

COMMUNICATION SKILLS:

Member utilizes feedback and constructive criticism, handles grievances and conflict management maturely, represents the program professionally, and prevents resentments from lingering.

Strongly Disagree	Agree	Strongly Agree	Not Applicable
1 2	3 4	5	<input type="checkbox"/>

LEADERSHIP:

Member shows initiative and self-motivation, demonstrates an awareness of different leadership styles and ability to utilize those styles, welcomes challenges and new experiences, and demonstrates good decision-making and organizational skills.

Strongly Disagree	Agree	Strongly Agree	Not Applicable
1 2	3 4	5	<input type="checkbox"/>

PROBLEM SOLVING:

Member maintains a constructive and mature attitude throughout challenges, demonstrates resourcefulness in generating solutions to problems, and manages change, transition, and unexpected events effectively.

Strongly Disagree	Agree	Strongly Agree	Not Applicable
1 2	3 4	5	<input type="checkbox"/>

TEAMWORK:

Member helps to build morale among fellow team members, effectively establishes trust with others, incorporates the diverse skills of other team members in meeting goals, and accepts personal responsibility for learning and contributing.

Strongly Disagree		Agree		Strongly Agree		Not Applicable	
1	2	3	4	5			<input type="checkbox"/>

TECHNICAL SKILLS:

Member applies the principles of effective project management, outlines clear project goals and objectives, appropriately implements methods for measuring impacts and improving work, demonstrates effectiveness in networking and collaboration, and fosters the sustainability of a project.

Strongly Disagree		Agree		Strongly Agree		Not Applicable	
1	2	3	4	5			<input type="checkbox"/>

Supervisor comments:

Member self evaluation:

- I agree with this evaluation I do not agree with this evaluation

Comments:

Member signature _____ **Date** _____

Supervisor signature _____ **Date** _____

PROGRAM EVALUATION **Member Name** (please print) _____

All Campus Corps members are *required* to complete this Program Evaluation at the end of the term of service, in order to exit the program and receive the Education Award.

1. Please identify your service focus area(s):

Education Environmental Initiatives Human Services/Needs Public Safety Homeland Security

2. Please identify your reason(s) for initially choosing to participate in Campus Corps:

- Perform community service
- Meet other students
- Career exploration
- Receive an Education Award
- The Education Award was an incentive in choosing a service-related Federal/State Work Study position.
- Motivated to serve somewhere because of national events
- Combine an internship position with a service experience
- Combine a Work -Study position with a service experience
- Participate in a national service program

3. Did you meet the goals on your Member Development Plan by the end of your term of service? Yes No

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4. As a result of my service experience, I believe that every citizen has a responsibility to serve the community.					
5. As a result of my service experience, I am more aware of the critical needs that exist in the community.					
6. As a result of my service experience, I have the skills and abilities to meet those needs.					
7. The service I have completed has made a positive impact on the community.					
8. The community is capable of meeting its own needs.					
9. I will continue to serve in the community.					
10. As a result of my service experience, I now have a stronger ethic of service.					
11. I have an understanding of the history of AmeriCorps.					
12. I have developed citizenship skills and stronger ties to my community.					
13. I provide solutions or services to help meet my community's needs.					
14. I participate in community boards, government, or community forums.					
15. I volunteer my time to community organizations & events.					
16. I look for ways to express my opinions in the community (e.g. writing letters, attending meetings).					
17. I am aware of community resources.					

18. Total number of volunteers recruited during your term of service

19. Total hours served by these volunteers

20. Describe some of the highlights of your service experience with Montana Campus Corps.

21. Describe any challenges or difficulties you encountered during your term of service.

By signing below, you certify that the information provided in this document is correct and accurate to the best of your knowledge and abilities.

Member Signature _____ **Date** _____

Site Supervisor Signature _____ **Date** _____

Montana Campus Corps SITE SUPERVISOR SURVEY



Purpose: The following questions are designed to obtain data regarding use of Montana Campus Corps members and the service and support they have provided to your organization in order to meet the needs of the community. The collected data will be used to strengthen our program and to provide the Corporation for National & Community Service with valuable data regarding the impact of AmeriCorps members in our communities. **If you are a faculty or staff member from a higher education institution, please gather the information referencing your community partner organizations, and answer on their behalf.**

Directions: Please complete this survey as accurately and completely as possible. Completion of this survey is a requirement for the member to successfully complete the program. If you supervise more than one Campus Corps member, you only need to complete this form once; please indicate all members with whom you worked. You may either return the evaluation to the Campus Corps member or send it directly to the Montana Campus Compact, 302 University Hall, Missoula, MT 59812.

Name of Organization:

Contact Person:

Address:

Phone Number:

Fax Number:

Email Address:

1. How many Campus Corps members were placed with your organization?

- One
- Two
- Three or more

2. Member Name(s)

3. Please check the focus area with which your agency or organization most closely identifies.

- Education
- Environmental Initiatives
- Public Safety
- Human Services/Needs
- Homeland Security

4. Briefly describe the clientele/recipients of your agency or program(s).

5. Please describe current and past projects that Campus Corps members have participated in.

6. Which best describes the level of preparedness with which Campus Corps member(s) began serving with your organization:

- Not at all prepared
- Somewhat prepared
- Very prepared

Additional comments:

7. Please describe any training your organization provided to the Campus Corps member(s) to prepare him/her for service at your site, or any additional training that you provided to the member(s) over the course of his/her service.

8. To what degree did the service of Campus Corps member(s) increase your organization's* resources? (*For the purposes of this data collection survey, the term "organization" refers to the community host organization where the member's service occurred.)

- Very significant
- Significant degree
- Moderate degree
- Not at all

Please specify the ways in which your organization's resources have increased due to the service of Campus Corps member(s).

9. To what degree has the service of Campus Corps member(s) increased your organization's* positive impact in the community and with its clients? (*For the purposes of this data collection survey, the term "organization" refers to the community host organization where the member's service occurred.)

- Very significant
- Significant degree
- Moderate degree
- Not at all

In what qualitative and quantitative ways did the Campus Corps member(s) positively impact your agency and/or your agency's primary clientele?

10. To what degree has the service of Campus Corps member(s) enhanced your organization's* capacity? (*For the purposes of this data collection survey, the term "organization" refers to the community host organization where the member's service occurred.)

- Very significant
- Significant degree
- Moderate degree
- Not at all

Please specify the ways in which organizational capacity has been enhanced due to the service of Campus Corps member(s).

11. Please share any additional feedback about your experience with the Campus Corps program.

Site Supervisor Signature: _____ Name: _____ Date: _____

Thank you for completing this survey, and thank you for your support of a Campus Corps member at your site. We appreciate your participation in the Campus Corps program.