

DIRECTIONS TO CERTIFYING OFFICIAL:

1. Use blue or black ink.
2. Print clearly.
3. Please complete and sign Part 2.
4. If you are using WBRS or ESPAN (for VISTAs), please provide the form to whomever enters data into that database for your program.

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)

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. Other (Specify): _____
- Did the member perform satisfactorily (complete all assignments, tasks, and projects) Yes No

7. Certification of Service

To the best of my knowledge and belief, the time the above-listed member reported as AmeriCorps service hours did not include any service activities prohibited by law, regulation, or grant provision.

I certify that the Hours of Service Performed indicated on this form for this AmeriCorps member are true and accurate.

Signature of Certifying Official: _____ Date: _____

Name of Certifying Official (Please Print): _____

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.

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 5CFR 1320.5(b)(2)(1)).