

AMERICORPS PROGRAM CERTIFICATION OF ACTIVE SERVICE

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| Member Name: | | | |
| Supervisor Name: | | | |
| Supervisor's Email Address: | | Supervisor's Phone #: (____)-____-_____ | |
| Service Assignment Program Name: | | | |
| Service Site Street Address: | | City: | State: |
| | | Zip Code: | |
| Program Affiliation: <input type="checkbox"/> AmeriCorps State and National <input type="checkbox"/> AmeriCorps VISTA <input type="checkbox"/> AmeriCorps NCCC/FEMA | | Please Check One: <input type="checkbox"/> Regular Full Time (1700 Hours of) Service. <input type="checkbox"/> Half-time, Reduced Half-time, or Quarter Time. Member is serving in: <input type="checkbox"/> Full Time Capacity <input type="checkbox"/> Part Time Capacity | |
| Pre-Service Orientation Training Dates (for AmeriCorps VISTA members only): ____/____/____ - ____/____/____ | | <p style="text-align: center;"><u>Copy of Service Letter verifying service status and dates may be requested.</u></p> | |
| Service Term Start Date: ____/____/____ | | Projected Term End Date: ____/____/____ | |
| <p style="text-align: center;">State & National Members Only</p> Is the member serving in the Professional Corps Program? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Will the member be required to complete service hours during the weekend? (Verification of weekend service hours will be needed) Yes <input type="checkbox"/> No <input type="checkbox"/> Other* (occasionally) <input type="checkbox"/> | |

AMERICORPS PROGRAM DIRECTOR CERTIFICATION

I certify that the Member listed above is eligible to receive child care benefits, and I certify and affirm the following:

- ✓ I have confirmed the Member is currently an active AmeriCorps/Vista/NCCC Member.
- ✓ The Member will need child care services in order to serve with in this program.
- ✓ I certify that I will formally notify GAP Solutions in writing within five (5) business days if the Member has any interruption of their service, they end their service term early or of any other status changes that may affect the member's eligibility for child care benefits.

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| AmeriCorps Program Director Name | AmeriCorps Program Director Signature | Today's Date |
| (please print) | | |