

→→→ Sample Only ←←←

[NOTE: THIS SAMPLE IS NOT APPROVED BY CNCS]

AmeriCorps Member File Checklist

Staff Conducting Audit:	Date Audit Conducted:
Program Name:	Program Year of Member:
Member Name:	Member Type + Ed Award Status:

Number of AC*State/National Terms (including current): 1st 2nd 3rd 4th
 If 2nd, 3rd or 4th, did the program check for a satisfactory term of service? _____

ELIGIBILITY

US Citizen/National, Lawful Permanent Resident (§ 2522.200)

Documentation checked (Birth Certificate, Passport, Naturalization Certificate, or Other allowable documentation as outlined in § 2522.200)

Age:

Documentation (DL or same as above) Birth date: _____

High School Diploma/GED

High School Diploma/GED Certificate OR Self-Certification (under penalty of perjury, name of HS, signature of member) or Self-Certification states member is working towards HS diploma or GED HS + Year: _____

National Sex Offender Public Registry (NSOPW)

Checked and cleared on <http://www.nsopw.gov>
 Date checked and staff initials: _____

Criminal History Check

Background Check run and member cleared
 Date cleared and staff initials: _____

FBI Check (for 'covered' members)

Check run and member cleared - Date cleared and staff initials: _____

Notes:

MEMBER SERVICE AGREEMENT

Signatures/Dates– both member and supervisor
 Start + End Dates: _____ Contracted Service: _____ + _____
 Member Signature date on contract: _____
 Enroll/Exit Forms: _____ + _____
 Timesheet Service: _____ + _____

Date – member service agreement signature date is on or before member start date
 Childcare provided or waived , if qualified Health care provided or waived , if qualified

TIMESHEETS

At minimum, check all timesheets for:

- Member signatures/dates
- Supervisor signatures/dates
- Timesheets cover length of service including weeks with no hours, holidays, vacations, and training
- Allowable activities in alignment with intent of grant
- Orientation/Training on timesheet

Hours check:

Hour calculations are correct/consistent - My AC: _____ Timesheet: _____ Exit Form: _____
 Training as a % of Hours: _____
 Fundraising as a % of Hours: _____

EVALUATIONS

Mid (only HT and FT) signed by member/program? Date administered: _____
 Final completed and signed by member/program? Date administered: _____

PERSONAL COMPELLING CIRCUMSTANCES (IF APPLICABLE)

Sufficient, complete, and approved documentation of personal compelling circumstances
 Comments: _____