



**DIRECTIONS**

Use black ink or pencil, print in capital letters, and fill circles completely.

**Authorized Certifying Official**

- 1. Please complete and sign Part 2.
- 2. If you are using WBRS or SPAN (for VISTAs) please provide the form to whomever enters data into that database for your program. All others should mail completed forms to:

National Service Trust  
 Corporation for National Service  
 1201 New York Avenue, NW  
 Washington, DC 20525

Exit information is due 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 in writing to the Corporation for National Service.**

1. Name of Program or NCCC Campus \_\_\_\_\_

2. Operating Site I.D. Number 

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3. Hours of Service Performed (not applicable for VISTA) 

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Hours

4. Date of Completion Trust Term of Service 

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Month Day Year

5. Type of Enrollment (Mark only one.)
- Full-time (1700 hrs/yr or 365 days for VISTA)
  - 1-Year part-time (900 hrs/yr)
  - 2-Year part-time (450 hrs/yr)
  - Summer } If Summer or Other indicate length of service term.
  - Other } 

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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 discontinuing service for another term under the National Service Trust, on this or another project, another National Service Enrollment Form must be completed for the new term.**

- 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 completed service requirements.
- Not eligible for education award. Member chose alternative benefit.
- Not eligible for education award. Other (Specify: \_\_\_\_\_)

**7. Certification of Service**

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: \_\_\_\_\_

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.

Name of Certifying Official (Please Print): \_\_\_\_\_

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 the 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)(i)).