



# National Service Trust Exit Form



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

## 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, if mailed)

\_\_\_\_\_  
 Number and Street

\_\_\_\_\_  
 City State Zip Code

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
 Home Phone Business Phone Ext

4. **For VISTA Volunteers only: I would like to**

<input type="checkbox"/> Extend my service for less than a year	<input type="checkbox"/> Reenroll for another year
<input type="checkbox"/> Complete my service as scheduled	<input type="checkbox"/> Terminate my service early

5. **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, Silver Scholar, or Serve America Fellow program members or that provide special programs for former members
  - Organizations offering professional development opportunities or staff positions to AmeriCorps, Silver Scholar, and Serve America Fellow program members
  - AmeriCorps, Silver Scholar, and Serve America Fellow program Alumni organizations
  - Organizations that sponsor service opportunities and want to recruit former AmeriCorps, Silver Scholar, or Serve America Fellow program members

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

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Education                 | <input type="checkbox"/> Public Safety                            | <input type="checkbox"/> Housing                   | <input type="checkbox"/> Health                     |
| <input type="checkbox"/> Natural & Other Disasters | <input type="checkbox"/> Environmental Stewardship & Conservation | <input type="checkbox"/> Urban & Rural Development | <input type="checkbox"/> Infrastructure Improvement |
|  |   |  | <input type="checkbox"/> Energy Conservation        |
|  |   |  | <input type="checkbox"/> Faith & Community Based    |

No, please do not share my information with other organizations

**Certification of Service:**

**I certify** that the time I reported as program service hours is true and correct and did not include any service activities prohibited by law, regulation, or grant provisions. **I agree**, by signing this form, to provide, if asked, documentation to verify the accuracy of the information I have provided in this form. **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.

**Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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 of 1990, as amended. 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. The information may be shared with other agencies, such as the Social Security Administration, through computer matching agreements for the purpose of verifying identity and citizenship status information provided by you. 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.

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## EXIT FORM continued

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Please provide the following supplemental information. All fields required.

### Education:

What is the highest level of education you have completed?

- Associate's Degree (AA)
- College graduate
- Some college
- Graduate degree (e.g. MA, PhD, MD, JD)
- High school diploma/GED
- Less than high school
- Technical school/apprenticeship/vocational

Name of institution \_\_\_\_\_  
(college, high school, technical school, etc.)

Type of degree, diploma or certificate:

- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- J.D./Law Degree
- M.D. Doctor of Medicine
- Other

### Veteran status:

What is your military, veteran or family member status?

- I am a veteran
- I am an active duty member of the U.S. Armed Forces
- I am a member of the National Guard or Reserve Component
- I am an immediate family member of a veteran
- I am an immediate family member of an active duty member of the U.S. Armed Forces
- I am an immediate family member of a National Guard Member or Reservist
- I am not in the military, a veteran or a family member of someone in the U.S. Armed Forces

### Privacy Act Information Release:

Yes, I give the Corporation for National and Community Service permission to release the following information about me to an AmeriCorps Alumni Association (*check all that apply*):

- Name
- Email
- Address
- Phone number

No, I do not give the Corporation for National and Community Service permission to release my information to an AmeriCorps Alumni Association.

### Post Service Opportunities *continued*:

The Corporation for National and Community Service would like to provide you with information and resources to help you stay engaged in service and connect with educational, professional, and alumni opportunities. Please check all that apply.

- I am interested in connecting with other AmeriCorps alumni.
- I am interested in learning more about educational opportunities and how to use my education award.
- I am interested in professional development trainings, resume-writing resources, and career opportunities.
- I am interested in information about serving again through AmeriCorps or the Peace Corps.
- I am not interested in this information and resources.