ENROLLMENT CHECKLIST
Deadline: July 31, 2017

Step 1: Confirm Eligibility (SUPERVISOR)

A. Eligibility Requirements: All AmeriCorps members with the College Access Corps Program must:

1. Be a United States Citizen, National, or Lawful Permanent Resident Alien of the United States
2. Be 18 or older
3. Have an AA/BA or some college
4. Agree to a National Service Criminal History Check and not have a sexual offense or murder conviction (other offenses may also prohibit participation, but will be determined on a case by case basis)

B. Please verify eligibility of prospective AmeriCorps candidates by reviewing one or more of the following documents and checking the box(es) of the documents you used to verify eligibility. Include a clear copy of the document(s) in their ENROLLMENT PACKET.

- Proof of U.S. Citizenship, National status, or Lawful Permanent Resident Alien of the United States status
  - Certificate of Report of Birth (DS-1350) issued by the U.S. Department of State
  - United States Passport
  - Report of Birth Abroad of a U.S. Citizen
  - Certificate of Birth-Foreign Service
  - Certificate of National status
  - Certificate of Citizenship status
  - Permanent Resident Alien of the United States Card
  - Passport OR Departure Record indicating that INS has approved as temporary evidence of lawful admission for permanent resident

- Age: 18+
  - What form of identification did you use to verify age? _______ Doc #________________

- Have an AA/BA or some college
  - Degree: ____________________________ Institution: ___________________________

- Member agrees to a National Service Criminal History Check
  - Signed National Service Criminal History Check Authorization Form

Reviewer Name________________________ Reviewer Signature____________________ Date ___________

ALL of the required forms must be submitted and signed before the member’s term of service begins.
(NOTE: Originals must be sent to state Campus Compact office. Please make copies for both the supervisor and the member.)

The ENROLLMENT PACKET includes the following:

- Enrollment Checklist (this form)
- Copy of documentation that proves U.S. Citizenship, National status, or Lawful Permanent Residence Alien of the United States status
National Service Trust Enrollment Form

Program Orientation Form

Member Contract (only need to submit pages 15 – 17 in packet)
  o Member Position Description (page 15 and 16)
     Signed and dated by Supervisor
     Signed and dated by Member
  o Member Contract Certification Form (page 17)
     Signed and dated by Supervisor
     Signed and dated by Member

National Criminal History Check Authorization Form

AmeriCorps Health Plan Options Form
   Copy of Medical Insurance Card (options 1 and 2 only)

AmeriCorps Child Care Form

2017 W-4

I-9 Form (Supervisor completes page 2, section 2)
  Check proof of IDs
     Passport or;
     Birth Certificate and Driver License or;
     Birth Certificate and Social Security Card or;
     Social Security Card and Driver License

(WA applicants only) Electronic Funds Transfer (EFT) of Net Wages Enrollment Form (required for Direct Deposit of bi-monthly living allowance checks)

Drug Free Workplace/Service Location Form

Step 3: Next Steps (MEMBER and SUPERVISOR)

1. Have Members schedule FBI Field Print appointment as soon as possible (for instructions: www.wacampuscompact.org/cac-fbifieldprint.php)

2. Have Member log into my.AmeriCorps.gov to complete an application and enroll as AmeriCorps member into the CAC Program

3. Complete, review, and then mail ENROLLMENT PACKET to state Campus Compact office:
   Washington Campuses       Oregon Campuses
   Leiya Tatad              Kaycie López Jones
   Washington Campus Compact  Oregon Campus Compact
   516 High Street, MS 9101     620 SW 5th Ave/ Suite 910
   Bellingham, WA 98225       Portland, OR 97204
National Service Trust Enrollment Form

Completion of this form is required to enroll a serving member in the National Service Trust, making the member eligible for an education award upon successful completion of his or her term of service. It also provides the Corporation for National and Community Service with basic demographic data.

**PART 1**  
Member: Please Complete and Sign

1. **Name**
   - Last
   - First
   - MI

2. **Date of Birth**
   - Month
   - Day
   - Year

3. **Social Security Number**
   - __________  
   - __________  
   - __________

4. **Citizenship Status**
   - I am a U.S. Citizen or National *
   - I am a Lawful Permanent Resident Alien of the United States **
   - I am an Asylee ***

   *Citizens of the US include persons born in Puerto Rico, Guam, the US Virgin Islands, and the Northern Mariana Islands. Nationals of the US include persons born in America Samoa, including Swains Island.

   **Generally, you are a Lawful Permanent Resident Alien of the US if you are a US permanent resident with (i) a Permanent Resident Card, INS Form I-551; (ii) an Alien Registration Receipt Card, INS Form I-551, (iii) a passport indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence; or (iv) an I-94 indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence. NOTE: A student visa does not confer eligibility to enroll in an AmeriCorps program.

   ***You are an asylee if you have a Form I-94 with asylum granted stamp; form I-766 with Category "A5" or "A-5," or an Order of the Immigration Judge granting asylum.

5. **School Status**
   - What is the highest level of education you have completed?
   - Less than high school or equivalent
   - I agree to obtain a high school diploma or its equivalent before using my educational award, and I did not drop out of elementary school or secondary school to enroll in the program.
   - I am exempt from the requirement to have a high school diploma, due to: ________________________________

   - High school diploma/GED

   - Technical school/apprenticeship/vocational

   - Some college
     - Most recent school attended__________________________Type of degree, diploma, or certificate ____________________________

   - Associates degree (AA)
     - School that provided degree__________________________Type of degree, diploma, or certificate ____________________________

   - College graduate
     - School that provided degree__________________________Type of degree, diploma, or certificate ____________________________

   - Graduate degree (e.g. MA, PhD, MD, JD)
     - School that provided degree__________________________Type of degree, diploma, or certificate ____________________________
6. **Current Address** (All information will be sent to you at this address until you notify CNCS of a change of address.)

   Number and Street ______________
   City ______________ State ______ Zip Code ______
   Email Address __________________________________________
   Home Phone ______________ Business Phone ____________ Ext ____________

7. **Permanent Address** (Name and address of person through whom you can always be reached once you leave the program.)

   Last ______________ First _______ MI ______
   Number and Street ______________
   City ______________ State ______ Zip Code ______
   Email Address __________________________________________
   Home Phone ______________ Business Phone ____________ Ext ____________

8. Have you previously enrolled in an AmeriCorps, Silver Scholar, or Serve America Fellow Program?
   - [ ] No  [ ] Yes  If yes, how many times: ___

9. Have you ever been released ‘for cause’ by any AmeriCorps, Silver Scholar, or Serve America Fellow program?
   - [ ] No  [ ] Yes

10. **Segal Education Award Limitations:** I understand that I may not receive more than the aggregate value of two full-time Segal Education Awards and that upon successful completion of the term of service, I will receive only that portion of the Segal Education Award for which I am eligible, which may be all or a part of a Segal Education Award, or no Segal Education Award (pursuant to 45 CFR § 2526.55).
    - [ ] No  [ ] Yes

---

**PART 2**  
**Member Enrollment Certification**

By signing this enrollment form I agree, if asked, to provide 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 18 U.S.C. § 11, exclusion from participation in federal programs, and forfeiture of benefits I may receive as a result of my enrollment or other actions authorized by the Civil Fraud Remedies Act, 31 U.S.C. §§ 381-3812.

Member's Signature ______________________________________________ Date __________________
Program Orientation Form

Name: ________________________________________________________

Nickname Preferred (if any): __________________________________________

Email: ___________________________ Phone: ___________________________

Special Diet (vegetarian, vegan, etc): ________________________________

T-Shirt Size (S, M, L, XL, 2XL, 3XL, 4XL): ____________________________

Polo Size: _______________________________________________________

Sweatshirt (Hoodie) Size: __________________________________________

Fleece Size: ______________________________________________________

Special Accommodations? __________________________________________

Do you have the following accounts? (check if so) : _____Facebook, _____Linked-In, ___ Instagram, ___Twitter, ___other: ________________________________

Location of Orientation:
    WA: CAC member training tentatively in Bellingham, WA Aug 22-25
    OR: CAC member training TBD

Transportation to Orientation – Washington/Oregon Campus Compact will coordinate members’ travel arrangements from service site to orientation. What city will you be traveling from? ________________________________

Other information: ________________________________________________
                        ________________________________________________
2017-18 College Access Corps (CAC) Member Contract

(Updated 2.5.18)

By signing the CAC Member Contract Certification Form you agree to comply with all Program requirements as outlined in this CAC Member Contract. The CAC Member Contract Certification Form should not be signed by any party without reviewing and understanding the detailed terms outlined in this CAC Member Contract and all Program policies and procedures.

A. Purpose

The purpose of this agreement is to delineate the terms, conditions, and rules of AmeriCorps Membership regarding the participation of the AmeriCorps Member (hereinafter referred to as the “CAC member”) in the College Access Corps (hereinafter referred to as the “Program”).

B. Member Eligibility

The College Access Corps AmeriCorps program requires that all members serving in the program must meet the eligibility requirements listed below:

1. Be a citizen, national, or lawful permanent resident alien of the United States
2. Be 18 or older
3. Have an AA/BA or some college
4. Agree to a National Service Criminal History Check and not have a sexual offense or murder conviction (other offenses may also prohibit participation, but will be determined on a case by case basis)

Prospective members will be required to provide documentation to prove that they meet eligibility requirements. Campus Partners will collect and review documentation and submit it to the Campus Compact College Access Corps staff to be included in the members’ files. State Campus Compact staff will conduct the criminal history checks to assure prospective members have not had a sexual offense or murder conviction.

C. Terms of Service

1. The CAC member’s term of service start and end dates are reflected on the CAC Position Description
2. The CAC member is required to serve a minimum of 1,700 hours
3. The CAC member understands that to successfully complete the term of service as defined by the Program and in accordance with AmeriCorps regulations, Members must also:
   ▪ ensure satisfactory completion of service assignments, tasks, and projects
• submit all required documents including enrollment forms, time logs, exit forms, and assessment documents
• participate in all orientations and trainings
• comply with all Program policies/procedures and adhere to Program’s Standards of Conduct

4. The CAC member understands that to be eligible to serve a second term of service the CAC member must complete a first term of service, receive satisfactory performance reviews for any previous term of service, and demonstrate strong leadership skills. The CAC member understands that mere eligibility for an additional term of service does not guarantee selection or placement.

D. Living Allowance and Benefits

Volunteer Status: CAC members are considered volunteers and are not employees of the Campus Sites, Program Administering Agency, Fiscal Agent, or federal government. Hours served and living allowance earned with the Program are specifically excluded from credit for unemployment compensation.

Outside Employment: CAC members may be able to acquire a part time job while volunteering as an AmeriCorps member, provided they have advance approval from their Supervisors. The responsibilities of any work positions must be secondary in priority to the service responsibilities of the Program. Hours spent at a job will not constitute an excused absence from required site-specific responsibilities or trainings. CAC Members may not be simultaneously employed by the campus department, service sites, community agency/organization with which they are serving at.

Living Allowance: The living allowance is designed to help the CAC member meet necessary living expenses incurred while participating in the Program. The living allowance is not considered to be, or tied to, an hourly wage and should not fluctuate based on the hours served in a given time period. CAC members may not fundraise for their living allowance.

Washington Only: The CAC member will receive a monthly living allowance which will automatically be deposited to a pre-determined checking account twice a month on the 10th and 25th of the month. If these dates fall on a Saturday, deposits will be made on the previous Friday. If they fall on a Sunday, deposits will be made on the following Monday. Members are required to enroll in Western Washington University’s Electronic Funds Transfer (EFT). Members do not have the option of receiving paper checks.

Oregon Only: The CAC member will receive a monthly living allowance which will automatically be deposited to a pre-determined checking account twice a month, 3 business days after the 1st of the month and 3 business days after the last day of the month. Members are required to enroll for Electronic Funds Transfer (EFT) through the Intuit QuickBooks Payroll system. Members do not have the option of receiving paper checks.

Deductions: The Members’ living allowance is subject to deductions for: federal income tax, state tax (if applicable), medical aid (Workers’ Compensation), OASI (Social Security) taxes, and unemployment taxes.
Security), and Medicare. Withholding deductions will vary according to the number of deductions claimed on the W-4.

**Workers’ Compensation:** Members are covered by Department of Labor and Industries Workers’ Compensation for service-related accidents. Coverage provides compensation for illness or injury if it is caused or aggravated by the performance of the CAC member's authorized duties. Workers’ Compensation does not provide coverage if the injury or illness is caused or aggravated by the CAC member's own misconduct, voluntary intoxication, or willful intent to bring about injury or death to themselves or others. This coverage will pay benefits to the CAC member in case of injury while performing the usual and customary duties of their service assignment. Accidents should be reported to the Supervisor immediately.

**Education Award:** Upon successful completion of the CAC member's term of service, the CAC member will receive an education award from the National Service Trust. Full-time CAC members will receive a $5,815 education award. Education awards can be used to repay qualified student loans or to pay the cost of attending qualified institutions of higher education (including certain vocational programs). Members 55 and older, may transfer their education award to a child, grandchild, or foster child in accordance with the guidelines of CNCS. Please review the Educational Award Tutorial on the CAC program website for how to use your educational award. The education award is valid for seven years after the date the CAC member completed the Program. The education award is taxable at the time it is used. In addition:

A. If the CAC member has not yet received a high school diploma or its equivalent (including an alternative diploma or certificate for individuals with learning disabilities), the CAC member agrees to obtain a high school diploma or its equivalent before using the education award.

B. The CAC member understands that failure to disclose any history of having been released for cause from another AmeriCorps program may render the CAC member ineligible to receive the education award.

For more information about the Education Award, contact the National Service Hotline at 1(800) 942-2677.

**Loan Forbearance:** CAC members are eligible to have the repayment of certain qualified student loans deferred while they serve in AmeriCorps. The postponement, called forbearance, is not automatic. During a period of forbearance, CAC members do not have to make payments on qualified loans, although interest continues to accrue. CAC members must request forbearance from their loan holder through their My AmeriCorps online account. Members must register for their online account at the beginning of their term of service. The National Service Trust does not grant forbearance; the loan holders do. The Trust merely verifies Membership in AmeriCorps and forwards the documents to the loan holder. Student loans that are in default may not be eligible for loan forbearance.
Payment of Interest on Qualified Student Loans: Upon successful completion of a term of service, the National Service Trust will pay, on behalf of the borrower (CAC member), all or a portion of the interest that accrued on a qualified student loan during the Member’s term of service. A qualified student loan is 1) any loan, made, insured or guaranteed pursuant to Title IV of the Higher Education Act of 1963, as amended, other than a loan to a parent of a student pursuant to section 428B of such Act; 2) any loan made pursuant to Titles VII or VIII of the Public Health Service Act; and 3) any loan determined by a Title IV institution of higher education to be necessary to cover a student’s cost of attendance at such an institution and made directly to a student by a state agency. The loan must have been in forbearance, deferment or a grace period during this period. Payment will only be made to the loan holder. The payment, like payments from the CAC member’s education award, is considered taxable income in the year the payment is made.

If the CAC member obtains loan forbearance at the beginning of their term of service, they must submit an Interest Accrual Form (link to form is on the Program Website) to their loan holder up to 30 days before their term of service ends. This is done through the My AmeriCorps online account. The loan holder will complete the applicable portion of the form, compute the total accrued interest, and send in to the Trust for payment. The Trust will only pay interest if the Member successfully completes their term of service and receives an education award. This amount is in addition to the education award and is taxable.

Health Insurance: Full-time CAC members who are not otherwise covered by a healthcare policy at the time each begins their term of service is eligible to receive healthcare insurance. Family members are not eligible for coverage through the insurance policy and COBRA guidelines are not applicable for CAC member’s since they are not considered employees of their Campus Sites, state Campus Compact, Fiscal Agent or the federal government. Detailed information about the AmeriCorps health insurance policy can also be found on the Program website.

Child Care: Full-time CAC members may be eligible to receive child care support while participating in national service. Detailed information about the AmeriCorps child care support can also be found on the Program website.

E. Member Development

Trainings: All CAC members of the Program will receive training in core program components and on AmeriCorps/Program policies and procedures at an Orientation usually scheduled at the end of August or beginning of September. The Program provides up to four full day or multi-day trainings during the program year. The trainings are Orientation, Mid-Term Training, and Graduation. The trainings may require overnight travel. **Full attendance and participation for CAC training is mandatory.** Campus and service site may require training during the program year. Member training hours may not exceed 20% of the total accumulated hours over the term of service.

Performance Evaluations: CAC members and Supervisors will complete two evaluations during the term of service. At a minimum, evaluations are due mid-term and
end-of-term. The Supervisors and the CAC member’s will reflect on the CAC members’ progress and skill development and determine if they are on track to complete the required service hours and responsibilities.

F. Prohibited Activities

While charging time to the AmeriCorps program, accumulating service or training hours, or otherwise performing activities supported by the AmeriCorps program or the Corporation, staff and Members may not engage in the following activities (see 45 CFR § 2520.65):

a. Attempting to influence legislation;

b. Organizing or engaging in protests, petitions, boycotts, or strikes;

c. Assisting, promoting, or deterring union organizing;

d. Impairing existing contracts for services or collective bargaining agreements;

e. Engaging in partisan political activities, or other activities designed to influence the outcome of an election to any public office;

f. Participating in, or endorsing, events or activities that are likely to include advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials;

g. Engaging in religious instruction, conducting worship services, providing instruction as part of a program that includes mandatory religious instruction or worship, constructing or operating facilities devoted to religious instruction or worship, maintaining facilities primarily or inherently devoted to religious instruction or worship, or engaging in any form of religious proselytization;

h. Providing a direct benefit to—

i. A business organized for profit;

ii. A labor union;

iii. A partisan political organization;

iv. A nonprofit organization that fails to comply with the restrictions contained in section 501(c)(3) of the Internal Revenue Code of 1986 except that nothing in this section shall be construed to prevent participants from engaging in advocacy activities undertaken at their own initiative; and

v. An organization engaged in the religious activities described in paragraph (g) of this section, unless Corporation assistance is not used to support those religious activities;

i. Conducting a voter registration drive or using Corporation funds to conduct a voter registration drive;

j. Providing abortion services or referrals for receipt of such services; and
k. Such other activities as the Corporation may prohibit.

AmeriCorps Members may not engage in the above activities directly or indirectly by recruiting, training, or managing others for the primary purpose of engaging in one of the activities listed above. Individuals may exercise their rights as private citizens and may participate in the activities listed above on their initiative, on non-AmeriCorps time, and using non-Corporation funds. Individuals should not wear the AmeriCorps logo while doing so.

G. Standards of Conduct and Disciplinary Guidelines

If Members violate the Standards of Conduct, progressive discipline steps will be implemented. However, in some cases, depending on the severity of the violation, Supervisors may forgo verbal and written warnings and suspend or discharge the Member.

Supervisors and the Program management staff are responsible for determining the severity of the violation and for determining the appropriate disciplinary action. In the case where Members are suspended, the Supervisor will determine the number of days of suspension.

The Member understands that the following Standards of Conduct are required and failure to follow them will result in disciplinary action:

**Group A**
- Be honest, act respectfully, and model integrity
- Act professionally and ethically
- Follow Supervisor’s and Grant Manager’s instructions and perform responsibilities to the best of your ability
- Comply with the rules and standards of the Campus Site
- Adhere to dress codes and grooming standards of the Campus Site
- Notify Supervisor of intent to be late or absent within 30 minutes of scheduled start time - must have reasonable cause
- Request permission from Supervisor before leaving Campus Site
- Follow all AmeriCorps College Access Corps policies/procedures
- Wear AmeriCorps service gear while at the Campus Site or in the community while performing responsibilities as an AmeriCorps Member
- Do not use inappropriate language (i.e. profanity)
- Do not participate in AmeriCorps Prohibited Activities (listed in this Contract)

**Disciplinary Guidelines for Violations of Group A Standards of Conduct**
1. First Offense: Verbal Warning
2. Second Offense: Written Warning or Suspension (depending on severity of offense)
3. Third Offense: Discharge

**Group B**
- Do not have sexual relations or be perceived to be having sexual relations with college student coaches, Supervisors, or other participants of the Program
- Do not falsify time logs or other program records
- Abide by Civil Rights and Non Harassment Policy
- Abide by Drug Free Work Place Act
- Do not have unexcused absence from service assignment for three consecutive days
- Do not engage in any activity that may physically or emotionally damage other Members, students, mentees, Supervisors, staff, or other people from the community
- Follow all local, state, and federal laws
- Notify Supervisor/program staff immediately of criminal arrest/conviction while serving as a Member

Disciplinary Guidelines for Violations of Group B Standards of Conduct
1. First Offense: Immediate Suspension or Discharge

Any behavior which affects Members’ ability to perform in their service assignment, or that is not in the best interest of the Campus Site or its project, will be subject to review by the Supervisor and Grant Manager and disciplinary action may be taken.

H. Drug Free Workplace Act

Member is required to sign a Drug Free Workplace (Service Location) Agreement. In accordance with the Drug Free Workplace Act, the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited by the Program. Alcohol and drug abuse adversely affects health, service performance, creates dangerous situations and serves to undermine the community’s confidence in the AmeriCorps program. For more information, please refer to the Drug Free Workplace (Service Location) Policy found on the CAC website and in 45 CFR 2522.230.

I. Member Safety

The College Access Corps AmeriCorps program requires that participating campus and service sites provide a safe and supportive service environment for members. This includes providing a safe physical space to serve in including reasonable accommodations if needed (See Reasonable Accommodations Policy) and providing a service environment free of harassment or discrimination (See Civil Rights Non-Discrimination and Non-Harassment Policy). Members must be informed of resources available to them on campus and at their service sites to support their safety. For example, some campuses provide an escort service to accompany people to their cars at night if they are on campus after dark. Members must be informed on where to access campus/service-site safety protocols and resources in cases of emergency such as a campus/school lock down or natural disaster.
Therefore, campus partners are required to train their AmeriCorps members on safety resources and protocols for their campus and service sites. Furthermore, the College Access Corps program will incorporate member safety information during program trainings to members and supervisors.

J. Non-Duplication and Non-Displacement

§ 2540.100 What restrictions govern the use of Corporation assistance?
(a) Supplementation. Corporation assistance may not be used to replace State and local public funds that had been used to support programs of the type eligible to receive Corporation support. For any given program, this condition will be satisfied if the aggregate non-Federal public expenditure for that program in the fiscal year that support is to be provided is not less than the previous fiscal year.

(b) Religious use. Corporation assistance may not be used to provide religious instruction, conduct worship services, or engage in any form of proselytization.

(c) Political activity. Corporation assistance may not be used by program participants or staff to assist, promote, or deter union organizing; or finance, directly or indirectly, any activity designed to influence the outcome of a Federal, State or local election to public office.

(d) Contracts or collective bargaining agreements. Corporation assistance may not be used to impair existing contracts for services or collective bargaining agreements.

(e) Nonduplication. Corporation assistance may not be used to duplicate an activity that is already available in the locality of a program. And, unless the requirements of paragraph (f) of this section are met, Corporation assistance will not be provided to a private nonprofit entity to conduct activities that are the same or substantially equivalent to activities provided by a State or local government agency in which such entity resides.

(f) Nondisplacement.

(1) An employer may not displace an employee or position, including partial displacement such as reduction in hours, wages, or employment benefits, as a result of the use by such employer of a participant in a program receiving Corporation assistance.

(2) An organization may not displace a volunteer by using a participant in a program receiving Corporation assistance.

(3) A service opportunity will not be created under this chapter that will infringe in any manner on the promotional opportunity of an employed individual.

(4) A participant in a program receiving Corporation assistance may not perform any services or duties or engage in activities that would otherwise be performed by an employee as part of the assigned duties of such employee.
A participant in any program receiving assistance under this chapter may not perform any services or duties, or engage in activities, that—

(i) Will supplant the hiring of employed workers; or

(ii) Are services, duties, or activities with respect to which an individual has recall rights pursuant to a collective bargaining agreement or applicable personnel procedures.

A participant in any program receiving assistance under this chapter may not perform services or duties that have been performed by or were assigned to any—

(i) Presently employed worker;

(ii) Employee who recently resigned or was discharged;

(iii) Employee who is subject to a reduction in force or who has recall rights pursuant to a collective bargaining agreement or applicable personnel procedures;

(iv) Employee who is on leave (terminal, temporary, vacation, emergency, or sick); or

(v) Employee who is on strike or who is being locked out.

K. Fundraising Policy

An AmeriCorps Member may spend no more than ten percent (10%) of their originally agreed-upon term of service, as referenced in the Member enrollment in the National Service Trust, performing fundraising activities, as described in 45CFR2520.40.

§2520.40 Under what circumstances may AmeriCorps members in my program raise resources?

(a) AmeriCorps members may raise resources directly in support of your program’s service activities.

(b) Examples of fundraising activities AmeriCorps members may perform include, but are not limited to, the following:

(1) Seeking donations of books from companies and individuals for a program in which volunteers teach children to read;

(2) Writing a grant proposal to a foundation to secure resources to support the training of volunteers;

(3) Securing supplies and equipment from the community to enable volunteers to help build houses for low-income individuals;
(4) Securing financial resources from the community to assist in launching or expanding a program that provides social services to the members of the community and is delivered, in whole or in part, through the members of a community-based organization;

(5) Seeking donations from alumni of the program for specific service projects being performed by current members.

(c) AmeriCorps members may not:

(1) Raise funds for living allowances or for an organization’s general (as opposed to project) operating expenses or endowment;

(2) Write a grant application to the Corporation or to any other Federal agency.

L. Civil Rights and Non Harassment Policy

The College Access Corps (CAC) AmeriCorps program is available to all, without regard to race, color, national origin, disability, age, sex, political affiliation, or religion. It is also unlawful to retaliate against any person who, or organization that, files a complaint about such discrimination. In addition to filing a complaint with local and state agencies that are responsible for resolving discrimination complaints, you may bring a complaint to the attention of the Corporation for National and Community Service. If you believe that you or others have been discriminated against, or if you want more information, please contact either:

Jennifer Hine
Executive Director
Washington Campus Compact
Western Washington University
516 High St.; MS 9101
Bellingham, WA 98225-5996
Phone: (360) 650-7984
E-mail: Jennifer.hine@wwu.edu

Office of Civil Rights and Inclusiveness
Corporation for National and Community Service
250 E Street SW
Washington DC 20024
Tel (800) 833-3722 (TTY and reasonable accommodation line)
Fax: (202) 565-3465
Email: eo@cns.gov

M. Release from Term of Service/Suspension

Reasons for Release from Term of Service

The Member understands that he/she may be released for the following two reasons:

1. For “compelling personal circumstances” (as explained below)
2. For “cause” (as explained below)

Release from Term of Service due to “Compelling Personal Circumstance”:

The Member has the primary responsibility for demonstrating that compelling personal circumstances prevent them from completing the term of service. The Member must submit a written or email request for termination for compelling personal circumstances
the College Access Corps Grant Manager or designee. If a member's compelling personal circumstance is medical related to them, they must also provide a note/letter from their doctor detailing their health issue. A Member who leaves the Program without obtaining a release for compelling personal circumstances is considered released for cause. The state Campus Compact Staff are responsible for determining whether a Member's personal circumstances are sufficiently compelling to justify issuance of an education award. The Member understands that, as a result of this action, they may only receive a portion of the education award for the actual time served. In order to be eligible for a portion of the education award, the Member must have served a minimum of 15% of the term of service.

“Compelling personal circumstances” include those that are beyond the Member's control, such as, but not limited to:
- a Member’s disability or serious illness that make completing the term impossible;
- disability, serious illness, or death of a Member's family member if this makes completing the term unreasonably difficult or impossible;
- military service obligations; or
- conditions attributable to the Program or otherwise unforeseeable and beyond the Member's control, such as relocation of a spouse, natural disaster, a strike, or the non-renewal or premature closing of the project.

Compelling personal circumstances do not include leaving the Program:
- to enroll in school;
- to obtain employment; or
- because of dissatisfaction with the Program.

If the Member discontinues their term of service due to compelling personal circumstances, the Member will cease to receive benefits described in this Contract. If the Member discontinues do to acceptable compelling personal circumstances and has served more than 15% of the service hours, s/he may be eligible to receive a partial education award.

**Release from Term of Service due to “Cause”:**

A release for cause encompasses circumstances other than personal and compelling circumstances that warrant a Member’s release prior to completing the term of service. Members can be released from the Program for violating Standards of Conduct including violating Program policies and procedures. A Member is also considered released for “cause” if the Member has dropped out of the program without obtaining a release for compelling personal circumstances from the appropriate program official.

If the Member is released for cause from their term of service, the Member will cease to receive benefits described in this Contract and will not be eligible to receive a full or partial education award.

**Suspension to Investigate Situations that may Result in Release for Cause:**
For serious allegations that may require the Supervisor and Program staff to conduct an investigation before determining if the Member should be released for cause, the Member may be suspended for up to 30 days. **The Supervisor must consult with the state Campus Compact Staff before suspending the Member.** During the suspension period, the Member’s living allowance will be suspended but shall accrue and health insurance will continue. Child care benefits will be discontinued. Should the Member be reinstated with full rights, the living allowance that accrued during the suspension will be paid to the Member during the next scheduled pay period. If the final determination is that the Member should be released for cause, the Member will not receive the accrued living allowance or any portion of an education award based on the time served in the Program. If the Member has obtained loan forbearance, the CNCS will not pay any accrued interest, and the Member may be disqualified from future AmeriCorps service.

**N. Leave Situations**

**Background:** Members will be allowed reasonable and appropriate personal time off with prior approval of the Supervisor.

**Approved Absence:** A Member may be considered in “approved absence status” if s/he has obtained prior approval from the Supervisor. Member living allowances will not be reduced as a result of an approved absence. However, time missed as a result of an approved absence will not be credited toward the total required for a post-service education award.

**Suspension:** Members may be temporarily suspended for disciplinary reasons for violating the Standards of Conduct as outlined in this Contract. Members suspended for disciplinary reasons will not receive a living allowance during their suspension period and the hours of suspension will not be credited toward the total service hours required for a post service education award.

**Administrative Hold Status:** “Administrative Hold Status” exists any time a Member is not serving at a Campus Site yet remains enrolled in the Program. Administrative Hold Status may be for a maximum of 30 days. Hours will not be credited toward the total service hours required for a post service education award. Medical benefits will be continued during a period of Administrative Hold, but the Member’s living allowance and child care benefits will be discontinued.

**Holiday Leave:** The Member is entitled to the same federal holidays as employees of the Campus Site without affecting their living allowance. However, holiday hours do not count toward the service hours required for a post-service education award. Extra care should be taken to ensure that the Member is fully aware of Campus Site’s holidays prior to starting their term of service. School breaks, including winter, summer, and spring break, are not extended to the Member as breaks. The Member should have an adequate work plan in place to ensure s/he engages in meaningful service activities during school break periods.
**Family Medical Leave:** Up to 12 weeks unpaid medical leave may be granted during the Member’s term of service for the following reasons:
1. the birth of a child
2. the placement of a child with an AmeriCorps Member through adoption or foster care
3. serious illness of an AmeriCorps Member’s spouse, child or parent
4. serious illness preventing the AmeriCorps Member from performing their essential service duties. According to CNCS regulations, a serious health condition is an illness requiring in-patient care or continuing treatment by a health care provider.

During this period, medical benefits will continue, but the Member will not receive a living allowance or child care benefits and hours will not be credited toward the total service hours required for a post-service education award.

**Military Leave:** Members serving in the National Guard or Reserve should be granted a leave of absence for a two-week period of active duty training. Members may not receive additional time-off for training beyond the two-week active duty training period. Members will continue to receive their living allowance, child care, and medical benefits during this period and will receive credit toward the service hours required for a post-service education award.

**Jury Duty:** Serving on a jury is an important responsibility of citizenship. To strengthen the spirit of citizenship, Members are encouraged to serve on jury duty and will not be penalized for doing so. During the time Member serve as jurors, they will continue to earn service hours, and receive their living allowance, health, and child care benefits. They may also keep reimbursements for incidental expenses received from the court.

**O. Grievance Policy and Procedures**

The Federal regulations 45 CFR § 2540.230 requires that state and local applicants that receive assistance from the Corporation must establish and maintain a procedure for the filing and adjudication of grievances from participants, labor organizations, and other interested individuals concerning programs that receive assistance from the Corporation. A grievance procedure may include dispute resolution programs such as mediation, facilitation, assisted negotiation and neutral evaluation. If the grievance alleges fraud or criminal activity, it must immediately be brought to the attention of the Corporation's inspector general ([https://www.cncsoig.gov](https://www.cncsoig.gov)).

An aggrieved party is encourage to first attempt to resolve grievance through an Informal Grievance Process. Options are listed below.

**Informal Grievance Process**

**Option 1: Resolution through Immediate Supervisor.** Option 1 is not mandatory. An aggrieved party may choose to skip this option and pursue Options 2, 3, 4 or 5. Within seven (7) days of the underlying dispute, the aggrieved party refers the complaint to his/her immediate supervisor who will attempt to resolve the complaint. If the matter is resolved, and a written agreement is reached, the aggrieved party will agree to forgo filing a formal grievance in the matter under consideration. If the grievance is not
resolved, the supervisor must inform the aggrieved party of his or her right to file a formal grievance.

*If Option 1 did not resolve the issue, the aggrieved party can consider Options 2, 3, or file a formal grievance (Options 4 or 5).*

**Option 2: Written Grievance to Grant Manager.** Option 2 is not mandatory. An aggrieved party may choose to skip this option and pursue Options 3, 4 or 5. Within 14 days of the underlying dispute, the aggrieved party submits a written grievance that outlines the details of the complaint to the Grant Manager of the administering agency. The Grant Manager will attempt to resolve the complaint through informal mediation or facilitation. If the matter is resolved, and a written agreement is reached, the aggrieved party will agree to forego filing a formal grievance in the matter under consideration. If the grievance is not resolved, the Grant Manager must inform the aggrieved party of his or her right to file a formal grievance.

*If Option 2 did not resolve the issue, the aggrieved party can consider Options 3, or file a formal grievance (Options 4 or 5).*

**Option 3: Alternative Dispute Resolution (ADR).** The aggrieved party may seek resolution through alternative means of dispute resolution such as mediation or facilitation. Dispute resolution proceedings must be initiated within 45 calendar days from the date of the alleged occurrence. At the initial session of the dispute resolution proceedings, the party must be advised in writing of his or her right to file a grievance and right to arbitration. If the matter is resolved, and a written agreement is reached, the party will agree to forego filing a grievance in the matter under consideration.

If mediation, facilitation, or other dispute resolution processes are selected, the process must be aided by a neutral party who, with respect to an issue in controversy, functions specifically to aid the parties in resolving the matter through a mutually achieved and acceptable written agreement. The neutral party may not compel a resolution. Proceedings before the neutral party must be informal, and the rules of evidence will not apply. With the exception of a written and agreed upon dispute resolution agreement, the proceeding must be confidential.

**Formal Grievance Process (Options 4 and 5)**

**Option 4: Grievance procedure for unresolved complaints.** If the matter is not resolved within 30 calendar days from the date the informal dispute resolution process began, the neutral party must again inform the aggrieving party of his or her right to file a formal grievance. In the event an aggrieving party files a grievance, the neutral may not participate in the formal complaint process. In addition, no communication or proceedings of the informal dispute resolution process may be referred to or introduced into evidence at the grievance and arbitration hearing. Any decision by the neutral party is advisory and is not binding unless both parties agree.

*Time limitations.* Except for a grievance that alleges fraud or criminal activity, a grievance must be made no later than one year after the date of the alleged occurrence.
If a hearing is held on a grievance, it must be conducted no later than 30 calendar days after the filing of such grievance. A decision on any such grievance must be made no later than 60 calendar days after the filing of the grievance.

**Option 5: Arbitration**

- **Arbitration - Joint selection by parties.** If there is an adverse decision against the party who filed the grievance, or 60 calendar days after the filing of a grievance no decision has been reached, the filing party may submit the grievance to binding arbitration before a qualified arbitrator who is jointly selected and independent of the interested parties.

- **Arbitration - Appointment by Corporation.** If the parties cannot agree on an arbitrator within 15 calendar days after receiving a request from one of the grievance parties, the Corporation’s Chief Executive Officer will appoint an arbitrator from a list of qualified arbitrators.

**Time Limits**

- **Proceedings.** An arbitration proceeding must be held no later than 45 calendar days after the request for arbitration, or, if the arbitrator is appointed by the Chief Executive Officer, the proceeding must occur no later than 30 calendar days after the arbitrator’s appointment.

- **Decision.** A decision must be made by the arbitrator no later than 30 calendar days after the date the arbitration proceeding begins.

**The cost.** The cost of the arbitration proceeding must be divided evenly between the parties to the arbitration. If, however, a participant, labor organization, or other interested individual prevails under a binding arbitration proceeding, the State or local applicant that is a party to the grievance must pay the total cost of the proceeding and the attorney’s fees of the prevailing party.

**Suspension of placement.** If a grievance is filed regarding a proposed placement of a participant in a program that receives assistance under this chapter, such placement must not be made unless the placement is consistent with the resolution of the grievance.

**Remedies.** Remedies for a grievance filed under a procedure established by a recipient of Corporation assistance may include -

1. Prohibition of a placement of a participant; and

2. In grievance cases where there is a violation of nonduplication or nondisplacement requirements and the employer of the displaced employee is the recipient of Corporation assistance -

   - Reinstatement of the employee to the position he or she held prior to the displacement;

   - Payment of lost wages and benefits;

   - Re-establishment of other relevant terms, conditions and privileges of employment; and
(iv) Any other equitable relief that is necessary to correct any violation of the nonduplication or nondisplacement requirements or to make the displaced employee whole.

**Suspension or termination of assistance.** The Corporation may suspend or terminate payments for assistance under this chapter.

**Effect of noncompliance with arbitration.** A suit to enforce arbitration awards may be brought in any Federal district court having jurisdiction over the parties without regard to the amount in controversy or the parties' citizenship.

### P. Miscellaneous Items

**Appropriate Use of the AmeriCorps Name and Logo:** The phrase “The AmeriCorps National Service Network” or an “AmeriCorps® Program” and the slogan “Getting Things Done™” may only be used on materials in accordance with CNCS guidelines and requirements. The AmeriCorps logo cannot be altered.

**E-mail and Internet Usage:** Each Campus Site provides telecommunication technology equipment to their Members to assist in the performance of their service duties. The equipment shall be used only for service responsibilities and Members must adhere to the policies provided by the Campus Site. Improper or illegal use of e-mail or Internet resources poses serious risk and liability to the AmeriCorps Member and Service Site.

**Lunch Break Policy:** All College Access Corps AmeriCorps Members in Washington and Oregon are encouraged to take 30 to 60 minutes for lunch each day. It is important for Members to practice self-care and to eat nourishing meals to support their health. Breaks for lunch may not be counted as direct service and may not be included on timesheets under any category.

**Service Location Policy:** Members may only accumulate service hours while serving at their service sites, on their campus, or in the community during a service project or training. Members may not count travel time to and from a service site as service hours unless they are discussing the specific project with other program participants while in travel status.

**Reasonable Accommodation.** The College Access Corps AmeriCorps program, its subcontractors, and community partner sites will provide reasonable accommodation, including auxiliary aids and services (as defined in section 3(1) of the American Disabilities Act of 1990 (42 U.S.C. 12102(1)), based on the individualized need of a participants who is a qualified individual with a disability (as defined in section 101(8) of such Act (42 U.S.C. 12111(8))).
All selections and project assignments must be made without regard to the need to provide reasonable accommodation. All program activities and service sites must be accessible to persons with disabilities.

For more information or to request accommodations, please contact your campus supervisor and/or:

Jennifer Hine  
Executive Director  
Washington Campus Compact  
Western Washington University  
516 High St.; MS 9101  
Bellingham, WA 98225-5996  
Phone: (360) 650-7984  
E-mail: Jennifer.hine@wwu.edu

**Informed Consent:** The Member assigns all rights to the Campus Site, state Campus Compact, Fiscal Agent, and CNCS to use their name, photograph and/or video recordings, social media posts, and other identifying information for publicity or promotional purposes. This includes the editing, duplication, reproduction, copyright, exhibition, broadcast and/or other non-profit use and distribution of such recordings for the purposes deemed suitable by the Program unless specifically noted to the contrary.

**Nepotism:** Related persons may work at the same agency or Campus Site, however, Supervisors must avoid placing them in supervisor-supervisee relationships or other roles that could lead to a conflict of interest. Supervisors should not extend any “anti-nepotism policy” to the point where it unlawfully results in discrimination or preferential treatment.

**Service Gear:** All Members represent AmeriCorps, the Campus Site, and the Administering Agency whenever they are serving in the Program and therefore Members should wear AmeriCorps identification gear during service hours.

**Use of Vehicles:** If the Campus Site reimburses Members for use of a personal vehicle in the performance of their service duties, the Campus Site must require the Member to submit proof of valid driver’s license and maintain current proof of insurance.
PROGRAM PURPOSE: The purpose of College Access Corps program is to improve college access of economically disadvantaged youth in grades 4-12 in the states of Washington and Oregon. AmeriCorps members will be placed on campuses to recruit and train college students to serve as college access coaches to economically disadvantaged youth in schools and community agencies. Economically disadvantage is define as being 50% or more of the youth in a group being eligible for federally – funded free/reduce lunch program. Members will recruit volunteers for National Days of Service. AmeriCorps members will strive to promote educational equity and inclusion that supports the needs of students with various backgrounds.

PROGRAM OUTCOME: (use data in submitted proposal)
Grades of youth to be served: _________  Number of volunteers to recruit: _______
Number of youth to serve: ____________  Number of coaches to recruit: ________

TITLE: College Access Corps Coordinator

MEMBER START DATE: □ August 16, 2017  □ Other: ________________
MEMBER END DATE: □ June 30, 2018 (10.5 month term)  □ Other: ________________

DAYS OF SERVICE: Monday – Friday (may need to serve some evenings and weekends)

HOURS OF SERVICE: _______________________________________

SUPERVISOR: ___________________________ TITLE: _________________________
CAMPUS:_____________________________________

SERVICE SITE: Names and addresses of schools and/or community agency partners.
Example: Bellingham School District
2020 Cornwall Ave
Bellingham WA, 98226
1. ______________________________________  2. ______________________________________

MAJOR RESPONSIBILITIES AND RELATED TASKS:
• Recruit, select, and train college students as college access coaches
• Recruit volunteers for National Days of Service and other community service events
• Provide age appropriate college access interventions to participating youth
• Compile and update college access program sustainability manual (one for each campus program)
• Collect and document program assessment data
• Participate in College Access Corps trainings, including orientation, mid-year training, graduation, regional cohort meetings and others as schedule
• Engage in personal reflection
The College Access Corps program, an AmeriCorps program, is an Equal Opportunity/Affirmative Action enroller of AmeriCorps service volunteers. Members of ethnic minorities, disabled veterans, veterans of the Vietnam-era, and recently separated veterans, persons of disability and/or persons age 40 and over are encouraged to apply. The College Access Corps only enrolls members who are citizens, nationals, or lawful permanent resident of the United States. All new members must show service eligibility verification as required by the U.S. Citizenship and Immigration Services and must satisfy the National Service Criminal History Check eligibility criteria pursuant to 45 CFR 2540.202.

- Collaborate with other CAC teammates and national service members in your community on common projects

REQUIRED QUALIFICATIONS:

- Be a citizen, a U.S. national, or lawful permanent resident alien of the United States
- Be 18 or older
- Have an AA/BA or some college
- Agree to a National Service Criminal History Check and not have a sexual offense or murder conviction (other offenses may also prohibit participation, but will be determined on a case by case basis)
- Commit to serving 1700 hours (no more than 20% of aggregate time can be spent on training/professional development and no more than 10% on fundraising)
- Ability to work well with people of diverse backgrounds
- Strong organization, problem-solving and written and oral communication skills
- Basic office computer skills, including word processing
- Program management (marketing, event planning, training, volunteer management) experience
- Strong initiative, self-starter, and enthusiasm for helping others succeed
- Committed to promoting educational equity and inclusion

BENEFITS:

- Living allowance of $12,630 (distributed over 10.5 months)
- Loan forbearance and interest accrual reimbursement on qualifying loans
- Basic health care plan (if needed)
- Education Award of $5,815 upon successful completion of the program
- Childcare assistance for qualifying members
- Members will be given a mid-year and end of year member evaluation from their program supervisor
- Networking, training, and professional development opportunities
- A chance to make a difference in your community and schools!

For More Information Contact:
Supervisor's Name: _____________________________  Email: ____________________________
Title: _________________________________________  Phone: ___________________________

By signing below, the member and supervisor hereby acknowledges that s/he has read and understands the expectations of the College Access Corps Coordinator position.

<table>
<thead>
<tr>
<th>Member’s Name</th>
<th>Member’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor’s Name</td>
<td>Supervisor’s Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

The College Access Corps program, an AmeriCorps program, is an Equal Opportunity/Affirmative Action enroller of AmeriCorps service volunteers. Members of ethnic minorities, disabled veterans, veterans of the Vietnam-era, and recently separated veterans, persons of disability and/or persons age 40 and over are encouraged to apply. The College Access Corps only enrolls members who are citizens, nationals, or lawful permanent resident of the United States. All new members must show service eligibility verification as required by the U.S. Citizenship and Immigration Services and must satisfy the National Service Criminal History Check eligibility criteria pursuant to 45 CFR 2540.202.
MEMBER CONTRACT CERTIFICATION FORM

By signing below, the member and supervisor hereby acknowledges by their signatures that they have read, understand, and agree to all terms and conditions of the Member Contract.

College Access Corps Member:

________________________________________________________________________
 Name                  Signature              Date

College Access Corps Program Supervisor:

________________________________________________________________________
 Name                  Signature              Date
National Service Criminal History Check Authorization Form

Member Completes:

Full Legal Name ____________________________________________________________

Maiden Name ______________________________________________________________

Permanent Home Address ____________________________________________________

City, County, State, Zip _____________________________________________________

Social Security Number __________________________ Date of Birth __________________

County and state of service site (where you will be serving): ______________________

State living in when applying to the College Access Corps program: ______________

In connection with my service with AmeriCorps and participation in the College Access Corps (CAC) program, I hereby authorize the CAC program to conduct National Service Criminal History Checks on my behalf. I understand that these checks will include all of the following: 1) National Sex Offender Public Website check, 2) State of Residence Repository and State of Service Repository check(s), and 3) FBI Fingerprint check. Background checks will be completed either through a government agency and/or a private criminal record check screening service. I understand that my ability to serve as a CAC AmeriCorps Member is contingent upon the results of the background check. I understand that failure on my part to consent to the review will result in the cancellation of my enrollment in the CAC AmeriCorps Program.

Results are confidential, but may be shared with your CAC Program Supervisor if necessary. The member is entitled to receive and review the information obtained, upon written request. If an individual is found to have an offense that potentially excludes them from serving with the program, the individual will have 10 business days from being notified to review and challenge the factual accuracy of the result before action is taken to exclude the individual from the position. Challenges can be directed to their Supervisor.

I certify that statements made by me on this form and in my enrollment paperwork are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein could void my eligibility to serve with the CAC program.

Also by signing below, I certify that I have not been convicted of murder or a sex offense.

Member Signature: __________________________________________ Date: ________

Administration Note: All National Service Criminal History Checks must be completed at a CNCS authorized State Repository and/or the FBI and not a third party agency unless with written approval from CNCS as an Alternative Search Procedure (ASP) and Washington Campus Compact (CAC grant holder).
AmeriCorps Health Plan Options Form

College Access Corps (CAC) is committed to the safety, health and well-being of our AmeriCorps members. With the advent of the Affordable Care Act in 2014, it is assumed everyone has enrolled in a health care plan either through their employer, parent or spouse, through HealthCare.gov, or other government or non-government entity by March 31, 2015. Beginning in 2014, AmeriCorps members have new options for quality, affordable health insurance made available by the Affordable Care Act. Please review and research the options available to members for the 2017-18 service terms and choose the option below that fits your needs and interests best.

More info can be found online at: www.nationalservice.gov/programs/americorps/current-members/health-care-options

Option 1: Family, Spouse, or Other Independent Health Plan
Under the Affordable Care Act, most members are eligible to stay on their parent or guardian's health insurance plan until their 26th birthday. Members may also elect to enroll in coverage through a spouse's employer or may already have insurance they are paying for or is provided to them by a government or non-government entity. In this case, CAC does not pay any portion of the premium directly and does not provide any reimbursement to the member. Members must attach proof of insurance to this form, which may include a copy of their current and valid insurance card.

Option 2: I have, or am already eligible for Medicaid through an Individual Health Plan via HealthCare.gov
Member may be on Medicaid, or is eligible to enroll in an Individual Health Plan for Medicaid (Note: Many recently graduated college students may be eligible for Medicaid). In this case, CAC does not pay any portion of the premium directly and does not provide any reimbursement to the member. Members must attach proof of insurance to this form, which may include a copy of their current and valid insurance card.

Option 3: The Corps Network AmeriCorps Health Plan
All AmeriCorps members are eligible to enroll or remain enrolled in The Corps Network Health Plan health insurance plan. CAC pays 100% of the monthly premium directly to the provider for members during the service term. At this time, this health plan does meet the Minimum Essential Coverage (MEC) requirements set forth by the Affordable Care Act (ACA). If this option is selected, no additional documents are required and the member will be enrolled or remain enrolled in the plan.

I elect for the following health insurance plan option:

- [ ] Option 1: Other Family, Spouse, or Independent Health Plan. Proof of insurance is attached.
- [ ] Option 2: On, or eligible for Medicaid though an Individual Health Plan via HealthCare.gov. Proof of insurance is attached.
- [ ] Option 3: The Corps Network AmeriCorps Health Plan

I also agree to notify CAC staff if my health plan needs change or is terminated during my service term.

Member Name __________________________ Signature __________________________ Date __________

CAC reserves the right to modify, add to or delete specific insurance benefits at any time, with or without prior notice in compliance with all applicable laws. Annually, our benefits programs will be reviewed and CAC reserves the right to adjust any and all cost sharing associated with our benefits programs. We do not currently provide an option for COBRA benefits coverage for members upon termination of service.

Updated 7/11/2017
AmeriCorps Child Care Options Form

College Access Corps (CAC) members may be eligible for child care support. The AmeriCorps Child Care Benefit Program is available for qualified, active, full-time AmeriCorps State and National, VISTA, NCCC, and FEMA Corps Members who need the benefit to serve. Child care benefits are paid directly to qualified child care providers for all or part of the member’s child care costs during their active time of service with AmeriCorps; child care benefit payments cannot be paid directly to AmeriCorps members. Child care benefits may not exceed applicable payment rates as established in the state in which the child care is provided under the Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858c(4)(A)). More information can be found online at: https://www.americorpschildcare.com/index.cfm

Member Eligibility Requirements
AmeriCorps State and National AmeriCorps child care benefits are available to full-time State and National members who qualify. To qualify for the child care benefit, the member must meet the following eligibility requirements:

- The State and National member’s household income must not exceed 75% of the state’s median income for a family of the same size; this limit is different for each state and may change annually. The total household income is used to determine your income eligibility excluding your AmeriCorps State & National living allowance.
- The member must not currently receive a child care subsidy from another source at the time of acceptance into the program (including a parent or guardian) which would continue to be provided while the member serves in the program.
- The member must be the parent or legal guardian of a child under the age 13.
- The child must reside with the member.
- The member must certify that he or she needs child care in order to participate in the AmeriCorps State and National program.

Please choose from the following options:

☐ Based on the eligibility requirements above, I am eligible for child care coverage provided by the AmeriCorps Child Care/GAP Solutions and I am interested in receiving childcare coverage.

☐ I am not accepting/I do not qualify for child care assistance.

I also agree to notify CAC staff if my need for child care assistance changes or is terminated during my service term.

__________________________  ___________________________  ___________________________
Member Name                          Signature                          Date
Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can’t claim exemption from withholding if your total income exceeds $1,050 and includes more than $350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:  
- is age 65 or older,  
- is blind, or  
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don’t apply to supplemental wages greater than $1,000,000.

Basic instructions. If you aren’t exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take project tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES. Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one form, Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

| A | Enter “1” for yourself if no one else can claim you as a dependent. |
| B | Enter “1” if: |
|   | - You're single and have only one job; or |
|   | - You're married, have only one job, and your spouse doesn't work; or |
|   | - Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less. |
| C | Enter “1” for your spouse. But, you may choose to enter “0-” if you are married and have either a working spouse or more than one job. (Entering “-0-” may help you avoid having too little tax withheld.) |
| D | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. |
| E | Enter “1” if you will file as head of household on your tax return (see conditions under Head of household above). |
| F | Enter “1” if you have at least $2,000 of child or dependent care expenses for which you plan to claim a credit. (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) |
| G | Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. |
|   | - If your total income will be less than $70,000 ($100,000 if married), enter “2” for each eligible child; then less “1” if you have two to four eligible children or less “2” if you have five or more eligible children. |
|   | - If your total income will be between $70,000 and $84,000 ($100,000 and $119,000 if married), enter “1” for each eligible child. |
| H | Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) |

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $50,000 ($20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Employee’s Withholding Allowance Certificate

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

<table>
<thead>
<tr>
<th>1</th>
<th>Your first name and middle initial</th>
<th>Last name</th>
<th>2</th>
<th>Your social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home address (number and street or rural route)</td>
<td>3</td>
<td>Single</td>
<td>Married</td>
</tr>
<tr>
<td></td>
<td>City or town, state, and ZIP code</td>
<td>Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the “Single” box.</td>
<td>4</td>
<td>If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption.  
- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and  
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.  

If you meet both conditions, write “Exempt” here.  

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee’s signature  
(If this form is not valid unless you sign it.)  
Date  

8 Employer’s name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)  
9 Office code (optional)  
10 Employer identification number (EIN)  

For Privacy Act and Paperwork Reduction Act Notice, see page 2.
START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)       First Name (Given Name)       Middle Initial       Other Last Names Used (if any)

Address (Street Number and Name)       Apt. Number       City or Town       State       ZIP Code

U.S. Social Security Number           Employee's E-mail Address

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States
☐ 2. A noncitizen national of the United States (See instructions)
☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):

Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
1. Alien Registration Number/USCIS Number:
   OR
2. Form I-94 Admission Number:
   OR
3. Foreign Passport Number:
   Country of issuance:

Signature of Employee       Today’s Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):
☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator       Today’s Date (mm/dd/yyyy)

Last Name (Family Name)       First Name (Given Name)

Address (Street Number and Name)       City or Town       State       ZIP Code
Section 2. Employer or Authorized Representative Review and Verification

( Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>List A OR List B AND List C</th>
<th>List C Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td>Document Title</td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
</tr>
<tr>
<td>Document Number</td>
<td>Document Number</td>
</tr>
<tr>
<td>Expiration Date (if any)</td>
<td>Expiration Date (if any)</td>
</tr>
</tbody>
</table>

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): __________________________

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

B. Date of Rehire (if applicable)

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>Documents that Establish Identity</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
<tr>
<td>OR</td>
<td>AND</td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>5. U.S. Military card or draft record</td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9. Driver's license issued by a Canadian government authority</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10. School record or report card</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12. Day-care or nursery school record</td>
</tr>
</tbody>
</table>

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.
Note: AmeriCorps members are not employees. They receive a semi-monthly living allowance during their term of service. WWU processes the member’s living allowance through its payroll process.

Purpose of Form: To receive funds owed to you by Western through a direct deposit to your financial institution.

Instructions: Complete pages 1 and 2. To protect your information, send this form via one of the mailing addresses listed on the bottom of the form. Do not submit through email.

Individual/Vendor Information

Vendor  Person

First or Vendor Name: ________________________________

Last Name: ________________________________

W# or last 4 digits of EIN/SSN: ________________

Phone #: ________________________________

Financial Institution Information

Name of Financial Institution: ________________________________

Checking Account  Savings Account

Voided Check (for checking account) or Deposit Slip (for savings account) is attached.

If voided check not attached, complete the information below:

Bank Routing Number: ________________________________

Bank Account Number: ________________________________

Please confirm with your banking institution that the numbers you are providing are accurate for the direct deposit process.

Terms and Authorization

In accordance with RCW43.41.180, I hereby authorize and request Western Washington University, until this authorization is revoked, to transfer the full amount of amount due on any invoices/reimbursements submitted to the designated financial institution for deposit in my account.
If any action taken by me, without adequate notification to Accounts Payable, results in non-acceptance of the transfer by the designated financial institution, I understand that Western Washington University assumes no responsibility for processing supplemental payments until the funds are returned to Western Washington University by the financial institution.

If the electronic transmission for this authorization for any reason results in an overpayment of the amount actually due and payable to me, I hereby authorize WWU to either withhold a sum equal to the overpayment from my next payment or seek full reimbursement by whatever means is appropriate.

Signature: ________________________________
Date: ________________________________

Deposit Notifications and Changes

Your direct deposit will begin on the next available check run after the form has been processed by Accounts Payable Department.

Confirmation of the Direct Deposit will be sent to you via email.

Please provide an email address: ________________________________

If you are changing your account number or financial institution, submit a new direct deposit request form.

To stop your direct deposit immediately, please call 360-650-6815. Otherwise, go to the Accounts Payable website at http://www.wwu.edu/fs/ap/index.shtml, click on “Forms,” then complete and submit the “Cancel Direct Deposit” form.

Submitting Form

Questions? Call 360.650.6815

Send this completed and signed form to:

University Mail System:
MS-1420

US Postal Mail:
WWU
Accounts
Payable PO Box
29420
Bellingham, WA 98225-1420
WESTERN WASHINGTON UNIVERSITY
DRUG FREE WORKPLACE POLICY

EXPLANATION

The Federal Drug Free Workplace Act of 1988 requires that the recipient of a grant from a federal agency certify to that granting agency that the grantee will provide a drug free workplace. In addition, the grantee must publish a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the grantee’s place of work; establish a drug free awareness program; and specify that action will be taken against the employees for violation of such prohibition. Failure to comply with this act may result in suspension, termination, or debarment from the award of any federal contract.

POLICY STATEMENT

Western Washington University intends to provide a drug free, healthful, safe, and secure work environment. Thus, each employee is expected and required to report to work in an appropriate mental and physical condition to perform his/her assigned duties.

Therefore, the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in and on Western Washington University owned and controlled property, or while conducting university business, is prohibited. Violation of this policy will result in disciplinary action being taken in accordance with the Higher Education Personnel Board rules, bargaining unit agreements, tenure laws, or other policies of the institution. Violation will be reason for discipline, including termination of employment, or for participation in evaluation/treatment for a substance use disorder.

Western Washington University recognizes drug dependency to be an illness and a major health problem. The institution also distinguishes drug abuse as a potential health, safety, and security problem. Employees needing assistance in dealing with such problems are encouraged to utilize the Washington State Employee Advisory Service and health insurance plans, as appropriate. Conscientious efforts to seek such help will not jeopardize employment. Employees must, as a condition of continued employment, abide by the terms of this policy, and report any conviction under a criminal drug statute for violations occurring in or on properties controlled or owned by Western Washington University or while conducting university business. A report of such conviction must be made within five (5) days after said conviction. The university must notify any federal contracting agency within ten (10) days of having received notice that an employee engaging in the performance of such federally sponsored grant or contract has any drug statute conviction or violation occurring in the workplace. The university will impose a sanction on, or require the satisfactory participation in, a drug/alcohol abuse assistance or rehabilitation program by any employee who is so convicted, within thirty (30) days.

ACKNOWLEDGEMENT

I, ____________________________, acknowledge receipt of this policy on ________________
(Please print name) (date)

Signature

RETURN FORM TO: Research and Sponsored Programs, MS-9038

DRUG FREE POL

February 17, 2012