



Member Exit Evaluation

Instructions: To be completed by Project/Primary Site Staff upon member exit.

Total Required Hours: x 1,700 1,200 900

Total Hours Upon Exit: 987

Has the member completed at minimum the required number of hours to receive an education award?

Yes No ☒

Please answer the following two questions carefully.

An answer of "No" on either question means the member did not perform satisfactorily and will never be allowed to serve in any AmeriCorps program again.

- This should only be used when there is **documented** misconduct or extremely poor performance. (examples include a member abandons the position or refuses to complete exit paperwork; is insubordinate; or has chronic unexcused attendance issues that affect performance)
- This should NOT be used solely because a member exited early.

Has the member satisfactorily completed assignments?

Yes ☒ No

Has the member met other performance criteria clearly communicated at the beginning of the term of service?

Yes ☒ No

Member Name: Taylor Deerwester

- By signing below, I acknowledge receipt of a copy of this evaluation.

Member Signature:

DocuSigned by:
Taylor Deerwester

Date: March 28, 2022 | 2:13 PM PDT

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Site Staff Signature:

DocuSigned by:
Erin Vidal

Date: March 25, 2022 | 7:31 AM PDT

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WSC Signature:

DocuSigned by:
Paige Sharp

Date: April 4, 2022 | 1:53 PM PDT

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National Service Trust Exit Form

Corporation for
**NATIONAL &
COMMUNITY
SERVICE**

This form will end the term of an AmeriCorps member in the National Service Trust and report on the eligibility of the member for a Segal Education Award. It will also provide the Corporation for National and Community Service (CNCS) with evaluation exit data.

PART 1 Member: Please Complete and Sign

1. **Name** Deerwester Taylor L
Last First MI

2. **Social Security Number** 539434363

3. **Mailing Address**
1019 Cardigan Loop NW
Number and Street
Olympia WA 98502
City State Zip Code
tldeer@hotmail.com
Email Address
360-689-7232
Home Phone Business Phone Ext

4. For AmeriCorps VISTA members only: I would like to

- ☐ Extend my service for less than a year ☐ Re-enroll for another year
☐ Complete my service as scheduled ☐ Terminate my service early

CNCS gathers information about education and disability status to ensure opportunities to serve are provided for people of all conditions. This information will be held confidentially, and will solely be used for data analysis to assist us in ensuring we serve all Americans equally. The information you provide will not be used in any way to determine or affect any federal benefit. Under the Rehabilitation Act (Act) information on your disability status can only be used in connection with non-discrimination and affirmative action obligations. The information will be kept confidential in accordance with the Act's provisions and the information will be used only in accordance with the Act. Your responses are required in order to successfully verify your service.

5. School Status:

Has your highest level of education changed since you enrolled?

☐ Yes ☒ No

If yes, please answer the following questions:

What is your highest level of education?

- ☐ Less than high school or equivalent
☐ 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 The Evergreen State College Type of degree, diploma, or certificate _____

- ☐ Graduate degree (e.g. MA, PhD, MD, JD)

School that provided degree _____ Type of degree, diploma, or certificate _____

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The next questions address disability and serious health conditions. Your responses will ensure that our outreach and recruitment policies are reaching a wide range of individuals with physical or mental conditions. Consider your answers without the use of medication and aids (except eyeglasses) or the help of another person.

Do you have one of the following? (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Deaf or serious difficulty hearing | <input type="checkbox"/> Paralysis, partial or complete (<i>any cause</i>) |
| <input checked="" type="checkbox"/> Blind or serious difficulty seeing even when wearing glasses | <input type="checkbox"/> Significant disfigurement (<i>e.g. burns, wounds, accidents, or congenital disorders</i>) |
| <input type="checkbox"/> Missing an arm, leg, hand, or foot | <input type="checkbox"/> Significant mobility impairment (<i>e.g. wheelchair, scooter, walker, leg brace used to walk, etc.</i>) |
| <input checked="" type="checkbox"/> Significant psychiatric disorder (<i>e.g. bipolar disorder, schizophrenia, PTSD, major depression, etc.</i>) | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Intellectual disability (<i>formerly described as mental retardation</i>) | <input type="checkbox"/> Dwarfism |
| <input checked="" type="checkbox"/> Developmental disability (<i>e.g. cerebral palsy, autism spectrum disorder, etc.</i>) | <input type="checkbox"/> Epilepsy or other seizure disorder |
| <input type="checkbox"/> Other disability or serious health condition, including: | |
| <ul style="list-style-type: none"> • Alcoholism • Cancer • Cardiovascular or heart disease • Crohn's disease, irritable bowel syndrome, or other gastrointestinal impairment • Depression, anxiety disorder, or other psychological disorder • Diabetes or other metabolic disease • History of drug addiction (but not currently using illegal drugs) • Non-paralytic orthopedic impairments (<i>e.g. chronic pain, stiffness, weakness in bones or joints, or some loss of ability to use parts of the body</i>) • Sickle cell anemia, hemophilia, or other blood disease • Speech impairment | <ul style="list-style-type: none"> • HIV infection/AIDS or other immune disorder • Kidney dysfunction (<i>e.g. requiring dialysis</i>) • Learning disabilities or ADHD. • Liver disease (<i>e.g. hepatitis, cirrhosis</i>) • Lupus, fibromyalgia, rheumatoid arthritis, or other autoimmune disorder • Morbid obesity • Nervous system disorder (<i>e.g. migraine headaches, Parkinson's disease, multiple sclerosis, etc.</i>) • Orthopedic impairments or osteo-arthritis • Pulmonary or respiratory impairment, for example, asthma, chronic bronchitis, or TB • Spinal abnormalities, for example, spina bifida or scoliosis • Thyroid dysfunction or other endocrine disorder |

If you did not select one of the options above, please indicate why:

- ☒ I have a disability or serious health condition, but do not wish to specify my condition
☐ I do not wish to answer questions regarding disability/serious health conditions
☐ None of the conditions listed above apply to me

7. Do you receive Social Security disability benefits, such as Supplemental Security Income or Social Security Disability Insurance (SSDI)?

- ☐ Yes ☒ No ☐ Prefer not to respond

8. 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 ☐ Address ☒ Email ☐ Telephone Number
- ☐ No, I do not give the Corporation for National and Community Service permission to release my information to an AmeriCorps Alumni Association.

9. Post-Service Opportunities:

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 Segal Education Award.
- ☒ I am interested in professional development trainings, resume-writing resources, and career opportunities.
- ☐ I am not interested in this information or these resources.

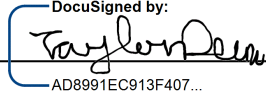
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For Official Use Only**Certification of Service**

I certify that the time I reported to my program 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:

DocuSigned by:

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Date: March 28, 2022 | 2:13 PM PDT

Privacy Statement — In compliance with the Privacy Act of 1974, the following information is provided: The information requested on the AmeriCorps Exit Form is collected pursuant to 42 U.S.C. §§ 12573 and 12602 of the National and Community Service Act of 1990, as amended. The primary purpose of the information is to successfully exit a member from a term of service and enable him or her to receive the education award. The evaluative information will help CNCS improve its programming and services to members. 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 in this document, as well as other matching and data sharing agreements with federal agencies, agency contractors, and other non-federal entities to assist the agency in its research and statistical evaluation missions. Your Social Security Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) for use as a taxpayer identification number. While disclosure of your SSN is voluntary, failure to disclose your SSN may result in a denial of your receiving an education award. All information obtained will be used only for official purposes, treated confidentially, and will not be disclosed outside the agency unless there is a specific official need for the recipient to know the information, there exists a data sharing agreement referenced above, or release of the information falls within one of the exemptions of the Privacy Act.

Public Burden Statement — Public reporting burden for this collection of information is estimated to average 10 minutes per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the form. Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, Attn: Amy Borgstrom, 1201 New York Avenue, NW, Washington, D.C. 20525. CNCS informs people who may respond to this collection of information that they are not required to respond to the collection of information unless the OMB control number and expiration date displayed on page 1 are current and valid. (See 5 C.F.R. 1320.5(b)(2)(i).)

OMB No.: 3045-0006 Expiration Date: 6/30/2017

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Exit information should be submitted electronically to CNCS within 30 days of completion of service.

PART 2**Certifying Official: Please Complete and Sign**

This section must be signed by an authorized certifying official. The program must designate certifying officials electronically to the Corporation for National and Community Service.

1. **Name of Program (or AmeriCorps NCCC Campus)** Washington Reading Corps

2. **Operating Site I.D. Number** WRC - 19ESHWAA0010005

3. **Hours of Service Performed** 987.00 hours
(not applicable for AmeriCorps VISTA)

4. **Date of Completion of Term of Service** 03/21/2022
Month Day Year

5. **Type of Enrollment**
(Mark only one.)

- ☒ Full-time (1700 hours per year, or 365 days for AmeriCorps VISTA)
☐ Three-quarter-time (1200 hours)
☐ Half-time (900 hours in up to 2 years)
☐ Reduced half-time (675 hours)
☐ Quarter-time (450 hours)
☐ Minimum time / Summer (300 hours)
☐ Silver Scholar (350 hours min)

6. **Segal Education Award Status:**

Indicate whether or not the member is eligible for an education award. Please be sure to follow CNCS regulations in making this selection. If the member is going to serve another term under the National Service Trust, a new National Service Enrollment Form must be completed.

If Partial requested:

- ☐ Eligible for **entire** Segal Education Award (member successfully completed service)
☐ Eligible for **partial** Segal Education Award (member did not fully complete service for compelling personal reasons)
☒ Not eligible for Segal Education Award (member did not fully complete service requirements)
☐ Not eligible for Segal Education Award (member chose alternative benefit)
☐ Not eligible for Segal Education Award (member dismissed for misconduct)
☐ Not eligible for Segal Education Award (other, please specify): _____

Approved

X Not Approved

COVID-19 + over 50% of term served = entire Award

7. Did the member perform satisfactorily (complete all assignments, tasks, and projects)? ☒ Yes ☐ No

8. **Certification of Service**

I certify that to the best of my knowledge and belief, the time the above-listed member reported as AmeriCorps, Silver Scholar, or Serve America Fellow program service hours did not include any service activities prohibited by law, regulation, or grant provision; that the member performed satisfactorily (completed all assignments, tasks, and projects), and that the hours of service performed indicated on this form for this service member are true and accurate.

I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C. or other actions authorized by the Civil Fraud Remedies Act, 31 USC 3801-3812.

Signature of Certifying Official: Paige Sharp
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Date: April 4, 2022 | 1:53 PM PDT

Name of Certifying Official (Please Print): Paige Sharp

Upload documentation if partial education award is requested:

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Dear WSC/WRC Member,

In our effort to continually improve our members' experience during their AmeriCorps term, and the support and professional development we and our host sites can provide, we'd appreciate a quick moment of your time to answer a few questions about your service term:

Click here: <https://survey.zohopublic.com/zs/cRCCLV> x

Thank you for your feedback!