



Get this filled out by your site supervisor

## PROJECT AYUDA AMERICORPS PROGRAM SUPERVISOR VERIFICATION FORM

Member Name: \_\_\_\_\_  
*Print Name*

Term of Service (*circle one*):      300              450              675              900              1700

High School/College/University: \_\_\_\_\_  
*Your School*

Department or Program: \_\_\_\_\_

Service Site: \_\_\_\_\_

### Site Supervisor Information

Please circle which focus area your most closely represents your agency's or organization's mission or services:

Education/Tutoring

Public Health and Safety

Community Strengthening

Coaching/Mentoring

Disadvantaged Youth

Seniors

Please write a brief description of your service:

Supervisor Name (*please print*): \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

Alternate Site Supervisor Name (if applicable): \_\_\_\_\_

I agree to serve as the site supervisor/sponsor for \_\_\_\_\_ during his/her AmeriCorps Project Ayuda Term of Service. I agree to monitor the member's compliance with the AmeriCorps Project Ayuda provisions regarding Prohibited Activities. I also agree to monitor the member's timely completion of required program paperwork, including Time Sheets and Evaluations.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Alternate Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_