



AMERICORPS Project Ayuda

Supervisor Verification Form ***REQUIRED***

Member Name: _____
Print Name

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

High School/College/University/Community Partner: _____

Department or Program: _____

Service Site: _____

Replacement Supervisor
(Please Check One)

New Site

Additional Supervisor

Position Description

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

Education/Academic Assistance Public Health and Safety Community Strengthening

Coaching/Mentoring Disadvantaged Youth Seniors Environmental

Supervisor Name (*please print*): _____

Title: _____

Address: _____ City _____ State _____ Zip _____

Work Phone: _____ Work E-mail: _____

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: _____

Member Signature: _____ Date: _____