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| New-ICAP-with-words |
| **Thank you for your service!**  To make the exit process as simple as possible, we have combined all the needed documents into a final booklet. Once this fully completed document reaches Iowa Campus Compact (with all appropriate paperwork/timesheets on file and up to date), you will be exited and your education award will appear within a few days on the MyAmeriCorps portal.  The Early Exit Packet must be received by Iowa Campus Compact **within 30 days of the member’s end date** as listed on their IowaGrants timesheets. Scanned documents can be sent to [iowacollegeamericorps@gmail.com](mailto:iowacollegeamericorps@gmail.com).   |  |  | | --- | --- | | **Required ACTIONS prior to exit** | | | ⬜ | All appropriate timesheets are submitted and approved | | ⬜ | Member has at least 1 training hour (preferably more) logged in IowaGrants | | ⬜ | Member has complied with all AmeriCorps regulations including prohibited activities regulations | | ⬜ | Member has provided either IACC or the site supervisor with their performance measures | | ⬜ | AmeriCorps exit application is complete | | **Required DOCUMENTS completed prior to exit** | | | ⬜ | Early Exit Documentation is complete and attached | | ⬜ | Compelling circumstance documentation is attached (if applicable) | | ⬜ | Program Evaluation is complete and attached | | ⬜ | Member self-evaluation is completed and attached | | ⬜ | Supervisor self-evaluation is completed and attached (must be completed for all members) | | ⬜ | Member has completed the Post-Service Survey (http://iowacollegeamericorps.weebly.com/member-post-service-survey.html) | |
|  |
| Step One:Complete and submit your AmeriCorps exit application |

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| SIGN | This step **MUST** be completed in order for you to successfully exit from ICAP. |

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| This step **MUST** be completed **no later than 30 calendar days after your last day of service** as indicated on IowaGrants**.** |
| * Log on to my.americorps.gov * Complete and submit the exit application (contact Justin Ellis at [jellis@iwcc.edu](mailto:jellis@iwcc.edu) if your exit application is not available) |
| Step Two: Complete and submit your evaluations |

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| SIGN | These documents **MUST** be received by Iowa Campus Compact in order for you to successfully exit from ICAP. |

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| * Page 2 | Early Exit Request Form * Page 5 | Program Evaluation * Page 6 | Member Evaluation * Page 7 | Reflection * Page 8 | Supervisor Evaluation   This section of the packet must be received (digital or otherwise) by Iowa Campus Compact **within 30 calendar days after the member’s start date** as indicated on the Agreement**.** Scanned documents can be sent to [iowacollegeamericorps@gmail.com](mailto:iowacollegeamericorps@gmail.com). |
| Step Three: Send documents to Iowa Campus Compact |

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| SEND | Digital or scanned copies can be sent to [iowacollegeamericorps@gmail.com](mailto:iowacollegeamericorps@gmail.com). |

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| These documents **MUST** be received by IACC in order for you successfully exit the program. |
| Digital copies of this section of the packet must be received by Iowa Campus Compact **within 30 calendar days after the member’s last day of service** as indicated on their IowaGrants timesheets**.** Scanned documents can be sent to [iowacollegeamericorps@gmail.com](mailto:iowacollegeamericorps@gmail.com). |

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| --- | --- |
| Name |  |
|  | |
| School |  |

**Instructions & Policy are located on pages 3-4 of this form. COMPLETING THIS FORM DOES NOT QUALIFY AS SUCCESSFULLY EXITING THE ICAP PROGARM. You must also complete the Exit Packet located on the ICAP website.**

Please indicate which exit early option you would like to pursue:

|  |  |
| --- | --- |
| * Compelling Circumstance | 1. The member will be exited early from ICAP because of a compelling personal circumstance. 2. The member understands that by completing this form they are requesting to exit early for a compelling personal circumstance and that their request may be denied resulting in an exit for cause. 3. The member understands that in order to successfully exit for compelling circumstance they must provide additional documentation to support their request (e.g., doctor’s note, supporting emails). |
|  |
| * Cause | 1. The member will be exited early from ICAP for cause. 2. The member understands that they will not receive an education award for their term of service. |
|  |
| **Please provide a brief statement** which indicates your reason to exit early from ICAP. If you are requesting to exit early for compelling personal circumstance please describe the personal circumstance and attach any documentation to support the request (e.g., doctor’s note, supporting emails). | |
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| Member Signature |  | Date |

**Instructions**

* Please review this information before completing the form.
* **COMPLETING THIS FORM DOES NOT QUALIFY AS SUCCESSFULLY EXITING THE ICAP PROGARM**. You must also complete the Exit Packet located on the ICAP website.
* For a full list of ICAP policies regarding exiting ICAP please visit the ICAP website
  + http://iowacollegeamericorps.weebly.com/exiting-icap.html
* This document must be received by Iowa Campus Compact (digital or otherwise) within 20 days of your last service day as indicated by your IowaGrants timesheets.
* All original copies must be in possession of Iowa Campus Compact. Please mail this form to the following address:
  + Iowa Campus Compact
  + Pappajohn Education Center
  + 1200 Grand Ave
  + Des Moines, IA 50309

**The Brief Statement**

* If exiting for cause you will only need to provide a simple explanation.
* If exiting for compelling circumstance you will need to provide more detail and additional documentation to support your request.

**Early Exit for Compelling Circumstance**

* Requests to be exited for compelling circumstance **must be submitted in a timely manner.** All requests submitted well beyond the occurrence of the events described in the narrative will be denied.
* AmeriCorps has established that a compelling circumstance are “those that are beyond the participants control” and may include “a participant’s disability or serious illness,” the “disability, serious illness, or death of a participant’s family member if this makes completing a term unreasonably difficult or impossible,” or “conditions attributable to the program or otherwise unforeseeable and beyond the participant’s control” (CFR §2522.230).
* AmeriCorps has also established that a compelling circumstance is not exiting early “to enroll in school,” “to obtain employment,” or “because of dissatisfaction with the program” (CFR §2522.230). Iowa Campus Compact has also established that a member cannot exit early for compelling circumstance because of their general inability to complete required service hours.
* All members seeking to exit early who cannot meet the compelling circumstance requirements will be exited for cause.
* Individuals who desire to exit early from ICAP without completing more than 15% of their total hours may not exit for Compelling Circumstance.
* Members must provide supporting documentation such as a doctor’s note or email communication to exit for compelling circumstance.

**Early Exit for Cause**

* Exiting early for cause does not prevent the member from applying for and possibly being awarded future AmeriCorps awards. If the member has successfully completed their exit paperwork and it is received within 30 days of exit, the member is considered to be in good standing and will be eligible for future participation in the AmeriCorps program. If, however, the member does not successfully complete their exit paperwork then the member is considered to not be in good standing resulting in the member forfeiting all participation in future AmeriCorps programs.
* Exiting early for cause “encompasses any circumstances other than compelling personal circumstances that warrant an individual’s release from completing a term of service” (CFR §2522.230).
* Individuals who desire to exit early from ICAP without completing more than 15% of their total hours must exit for cause.
* Exiting for cause from any AmeriCorps program will result in complete loss of any potential education award.

**Early Exit with full award for Compelling Circumstance**

* Members who have completed all of their service hours and associated program requirements prior to their end date can request to exit early for compelling circumstance. Members must demonstrate that they cannot complete their term of service and that their circumstances are beyond their control.
* This may include a member being unable to complete their term of service because their service site is unable to provide enough additional service hours AND the member/supervisor cannot find an additional service site to provide capacity building services.
* In this case, compelling circumstances does not necessarily mean a catastrophic personal event, rather it indicates that events have taken place which are preventing the member from completing their entire term “are beyond the participant’s control.”
* Members must provide supporting documentation such as a doctor’s note or email communication to exit for compelling circumstance.

**Exit with full award**

* Members may exit on their end date when they have met all program requirements as outlined in their member service agreement.
* The member must exit on their end date. Members who are exiting early will need to go through the exit early process. Members who are unable to meet the program requirements by their contracted end date may not be able to earn their education award and successfully exit the program.

**Program Evaluation**

Iowa Campus Compact is dedicated to ensuring our AmeriCorps members have a rewarding experience. Without honest feedback, we are unable to make improvements in order to enhance our performance and future AmeriCorps member’s experience. Please take a brief moment to share you experience with this program.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | What did you enjoy most about your ICAP experience? | | | | |
| ⬜ | Training/Professional Development | | | |
| ⬜ | Education Award | | | |
| ⬜ | Helping the community | | | |
| ⬜ | Serving with Friends | | | |
| ⬜ | Meeting new people | | | |
| ⬜ | Making a positive difference in other’s lives | | | |
| ⬜ | Gaining a deeper understanding of social problems or issues | | | |
| ⬜ | Other (please list): |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | How would you rate your experience in the program overall? (circle one) | | | |
| Poor  1 | OK  2 | Good  3 | Excellent  4 |
| If you answered **POOR**, **OK**, or **GOOD**, what would have made your experience better?  If you answered **EXCELLENT**, what made your experience excellent? | | | |
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| --- | --- | --- | --- | --- | --- |
|  | Do you feel participating in this program was worth your time? (circle one) | | | | |
| Not at all  1 | Slightly  2 | Moderately  3 | Very  4 | Extremely  5 |
| If you answered **NOT AT ALL**, **SLIGHTLY**, **MODERATELY**, what would have made this program more worth your time?  If you answered **VERY** or **EXTREMELY**, what do you feel made this program worth your time? | | | | |
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| --- | --- | --- | --- | --- | --- |
|  | To what extent would you recommend this program to a friend? (circle one) | | | | |
| Not at all  1 | Slightly  2 | Moderately  3 | Very  4 | Extremely  5 |
| If you answered **NOT AT ALL**, **SLIGHTLY**, or **MODERATELY**, what would make you more likely to recommend this program to a friend?  If you answered **VERY** or **EXTREMELY**, why would you recommend this program to a friend? | | | | |
|  | | | | |
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**Member Information**

|  |  |
| --- | --- |
| Member: |  |
| Host Site: |  |

**Member Evaluation**

AmeriCorps member development is an important goal of ICAP.Without honest feedback, members and site supervisors are unable to make improvements to enhance their performance and their experience. Performance evaluations are intended to be a mutual exchange of information, enabling members to progress toward their optimal performance potential.

I feel that in general I …

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | | Agree | | | Disagree | | | Strongly Disagree | | | NA |
| Professionalism |  | | | | | | | | | | | |
| Was able to serve with limited supervision | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Professionally interacted with students, clients, and/or staff | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Regularly and consistently showed up on time | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Responsibility |  | | | | | | | | | | | |
| Set priorities, anticipated needs, and avoided schedule conflicts | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Followed through on tasks and projects | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Had a high level of attention to detail | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Regularly and consistently complete tasks on time | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Performance |  | | | | | | | | | | | |
| Made significant improvements to programs and/or successfully sustained current programs | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Was able to focus on a specific project or program | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Was genuinely interested in serving at my organization | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you met performance requirements? | | | | * Yes | * No |
| Have you completed all required service hours? | | | | * Yes | * No |
|  | Total hours completed: |  | Last day you served hours on IowaGrants: | |  |
| Have you submitted all timesheets on time? | | | | * Yes | * No |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Member Signature |  | Date |

**REFLECTION** (optional)

Please Share one final story with Iowa Campus Compact about your experience as an AmeriCorps Member. This can range from something that happened on site to something you learned from someone else participating in the program or even something you realized later on. You may include photos (electronic or hardcopy), news clippings or any other attachments/links that are useful.

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**Member Information**

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| --- | --- |
| Member: |  |
| Host Site: |  |

**Supervisor Evaluation**

I feel that in general this ICAP member …

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | | Agree | | | Disagree | | | Strongly Disagree | | | NA |
| Professionalism |  | | | | | | | | | | | |
| Was able to serve with limited supervision | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Professionally interacted with students, clients, and/or staff | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Regularly and consistently showed up on time | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Responsibility |  | | | | | | | | | | | |
| Set priorities, anticipated needs, and avoided schedule conflicts | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Followed through on tasks and projects | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Had a high level of attention to detail | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Regularly and consistently complete tasks on time | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Performance |  | | | | | | | | | | | |
| Made significant improvements to programs and/or successfully sustained current programs | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Was able to focus on a specific project or program | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Was genuinely interested in serving at my organization | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Has the member met performance requirements? | | | | * Yes | * No | |
| Has the member completed all required service hours? | | | | * Yes | * No | |
|  | Total hours completed: |  | Last day the member served hours on IowaGrants: | | |  |
| Has the member submitted all timesheets on time? | | | | * Yes | * No | |
| Has this member served satisfactorily? | | | | * Yes | * No | |
| Please note: an unsatisfactory performance results in the member being unable to enroll in any future AmeriCorps program, including but not limited to ICAP, AmeriCorps VISTA, AmeriCorps State/National Programs, and NCCC. | | | | | | |

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| Supervisor Signature |  | Date |