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| New-ICAP-with-words |
| **Congratulations on completing your AmeriCorps term!**  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 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 timesheets are submitted and approved | | ⬜ | Member has served at least their minimum hours (300 or 450) | | ⬜ | Member has service or training hours logged in IowaGrants on their end date | | ⬜ | Member has at least 1 training hour (preferably more) logged in IowaGrants | | ⬜ | Member has not exceeded the 10% fundraising and 20% training hourly maximum | | ⬜ | Member has completed all required trainings as indicated on their Training Certification Form | | ⬜ | 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** | | | ⬜ | 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) | |
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| Step One:Complete and submit your AmeriCorps exit application |

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| SIGN | This step **MUST** be completed in order for you to receive your education award. |

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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 receive your education award. |

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| * Page 2 | Program Evaluation * Page 3 | Member Evaluation * Page 4 | Reflection (optional) * Page 5 | 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). |

**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.

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|  | 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): |  |  |  |

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| --- | --- | --- | --- | --- |
|  | 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**

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| --- | --- |
| 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 …

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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 | |

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| --- | --- | --- | --- | --- | --- |
| 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 |

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| --- | --- | --- |
|  |  |  |
| 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 |