

Member Training Certification Form

Name

School

Instructions

Please fill-in this form as you complete trainings. Visit with your Campus Supervisor in order to learn how you can complete trainings. This form must be submitted with your exit packet.

Required Trainings

	Training	Date	Provider	Member Initials
Required for all new members	IowaGrants Training			
	Using your Ed Award			
Required for all members	Capacity Building & Volunteer Management ⁱ		Must use ICAP online training	
	Communication			
	Civic Engagement Training, Session			
	Life After AmeriCorps			
Required if service lasts more than 4 months	Disaster Preparedness			

Please record any additional civic engagement trainings or sessions that occur during your term of service.

Additional Civic Engagement Trainings, Sessions (Optional)

	Training	Date	Provider	Member Initials
Optional for all members	Civic Engagement Training, Session			
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By signing this document you are certifying that you have completed all required AmeriCorps trainings to the best of your ability.

Member Signature _____

Date _____

Completed by Program Director

Agreement:

ⁱ The Capacity Building & Volunteer Management training can be waived at the Campus Supervisor's discretion if the member is serving a term less than 4 months in length.