

AmeriCorps Member Training Document

Please staple this page to your Certificate of Completion or 1 page summary and submit it to your Site Supervisor.

Name: _____ Date: _____

Site: _____ Topics: _____

This was a:

- Training of Choice
- Make-Up Training
- Required Training

This training was completed:

- Online
- At my Service Site
- In the Community

(Agency/Location: _____)

Please include a printed copy of your Certificate of Completion OR type a 1 page summary of your training, answering the following questions.

1. What was the purpose of this training?
2. How does this training relate to your direct service?
3. What one piece of information would you share with the rest of our AmeriCorps team?
4. How has this training influenced the way you feel about this topic?
5. Would you recommend this training to another AmeriCorps member? Why or why not?

I, _____, verify that I have completed the training listed above and acknowledge that my Site Supervisor has the right to deny this training.

AmeriCorps Member Signature

Date

As this Member's Site Supervisor, I APPROVE DENY this training.

Site Supervisor Signature

Date

AmeriCorps Program Director/Manager Signature

Date