



**MEMBER FILE
COVERSHEET**



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Member Contact Information:

Member Name: _____ DOB: _____

Cell Phone #: _____ Service Year: _____

Local Address: _____

Emergency Contact: _____ Cell #: _____

Program Information:

Actual Start Date: _____

- Full Time (1700 hrs)
- Reduced Full Time (1200 hrs)
- Half-time (900 hrs)
- Reduced Half-time (675 hrs)
- Quarter Time (450 hrs)
- Minimum Time (300 hrs)

Midterm Eval due date: _____

Member enrolled in the Portal within the required 5 days? Yes No

Citizenship verified through eGrants? Yes No

Host Site assigned in eGrants? Yes No

Name of Host Site: _____

Member Exit Information:

Actual End Date: _____

- Member Completed Required Hours **(Must be exited within 30 days)**
- Member was Exited Early for Personal Compelling Circumstances
 - Early Exit Form/pertinent documentation submitted & approved by SIC staff prior to exiting the Member in the portal. **(Must be exited within 30 days)**
- Member was Exited Early For Cause
 - Early Exit Form/pertinent documentation submitted & approved by SIC staff prior to exiting the Member in the portal. **(Must be exited within 30 days)**
- Member did not complete the Required Hours
 - Early Exit Form/pertinent documentation submitted & approved by SIC staff prior to exiting the Member in the portal. **(Must be exited within 30 days)**

FINAL SERVICE HOURS TOTAL: _____

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