**  FIRST STEPS AMERICORPS**

**Outside Service Activity Verification Form**

**Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AmeriCorps Member Prohibited Activities:**

* POLITICAL ACTIVITIES: Attempting to influence legislation; Organizing or engaging in protests, petitions, boycotts or strikes; Assisting in promoting or deterring union organizing; Impairing existing contracts for service or collective bargaining agreements; Engaging in partisan political activates or other activities designed to influence the outcome of an election to any public office; Participating in, or endorsing, events or activities that are likely to include advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials.
* RELIGIOUS ACTIVITIES: Engaging in religious instruction; Conducting worship services; Providing instruction as part of a program that includes mandatory religious instruction or worship; Conducting or operating facilities devoted to religious instruction or worship; Maintaining facilities primarily or inherently devoted to religious instruction or worship; Engaging in any form or religious proselytization.
* PROVIDING A DIRECT BENEFIT TO: For-profit entities; Labor unions; Partisan political organizations; Organizations engaged in the religious activities described above; Voter registration drives; Providing abortion services or referrals for receipt of such services.

**Directions for Members:** Sign in and out at each activity using quarter hour increments. Sign and date form, then submit form to Program Director within 5 days of the end of each month.

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| **Date Of Activity** | **Location/Description of Service** | **Site Supervisor Initials and Approval Date** | **Time**  **In** | **Time Out** | **Hours Served** | **Signature of Outside Agency Supervisor**  **By signing, I certify member service time**  **and that member did not engage in**  **any prohibited activities listed above.** |
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Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AmeriCorps Program Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_