

Reinstatement from Bonner AmeriCorps Service Authorization Form

Member Name: _____

School Name: _____

Requested Date of Reinstatement: _____

Name: Bonner AmeriCorps Member Signature: Bonner AmeriCorps Member Date

Name: Campus Program Administrator Signature: Campus Program Administrator Date

Name: Bonner Foundation Approval Signature: Bonner Foundation Approval Date

To be filled out by Bonner AmeriCorps Program Staff

Date Received: _____

Actual Reinstatement date: _____

Certified Official Initials: _____

Additional Comments: _____
