



New Jersey Bonner AmeriCorps Program Receipt of Contract Certification

I, _____ (print name), certify that I have received a copy of the New Jersey Bonner AmeriCorps Enrollment Workbook and Member Contract which includes the following information:

- Member Enrollment Form
- Member Contract:
 - Terms of Service State and End Date
 - Required Number of Service Hours
 - Position Description and Benefits
 - Amount of Living Allowance and Education Award
 - Program Code of Conduct and Policies and Procedures
 - Prohibited Activities
 - Requirements under the Drug-Free Workplace Act (41 U.S.C. 701 et seq.)
 - Suspension and Termination from Term of Service
 - Grievance Procedures
 - Member Requirements for Reporting and Trainings
- Education Certification and Documentation
- Health and Childcare Benefits
- Orientation Certification
- Parent/Guardian Consent
- Emergency Notification Form
- Career Plan/Goals Statement

I have read and agree with this acknowledgment:

Name: AmeriCorps Member

Signature: AmeriCorps Member

Date