



New Jersey AmeriCorps Bonner Leader Program



Reinstatement of AmeriCorps Service Authorization Form 2012-2013

Please complete this form to apply for reinstatement of your AmeriCorps term of service. This form must be received within 7 days of the desired reinstatement date.

Member Name: _____

Service Site Name: _____

Campus Name (if applicable): _____

Date of Reinstatement: _____

Member Signature **Date**

Site Supervisor Signature **Date**

Campus Director Signature **Date**

Program Staff Signature **Date**