



**New Jersey Bonner
AmeriCorps Program
Reinstatement of AmeriCorps Service
Authorization Form
2015-2016**



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