2019-20 TRAINING CERTIFICATION FORM

Member Name	
Host Site	

Instructions

Please fill-in this form as you complete trainings. Visit with your Campus Supervisor in order to learn how you can complete trainings. This form must be submitted with your exit packet.

	Training	Date	Provider
Required for all new members	OnCorps Training		IACC
	Using your Ed Award		IACC
Required for all members	IACC Civic Action Academy		IACC

Please record any additional trainings or sessions that occur during your term of service.

Additional Trainings

	Training Name	**Date**	**Provider**	**AmeriCorps Member Signature**
Record all additional training hours you input on your timesheets				