



**Iowa AmeriCorps State of Promise  
Training Certification  
2011-2012**

**Member Name:** \_\_\_\_\_

**Host Site:** \_\_\_\_\_

	<b>Date</b>	<b>Location</b>
<b>Host Site Orientation</b>	_____	_____
<b>IASOP Orientation</b>	_____	_____
<b>Youth Development*</b>	_____	_____
<b>Communication*</b>	_____	_____
<b>Citizenship*</b>	_____	_____
<b>Volunteer Recruitment*</b>	_____	_____
<b>Disaster Response</b>	_____	_____
<b>Life After AmeriCorps*</b>	_____	_____

I certify that the information provided here is accurate.

Member \_\_\_\_\_ Date \_\_\_\_\_

Site Supervisor \_\_\_\_\_ Date \_\_\_\_\_

\*If the training was not provided by IASOP or ICVS, attach information documenting the source and content of the training.