OneStar Member File Monitoring Tool	
Staff Conducting Audit:	Date Audit Conducted:
Program Name:	Program Year of Member:
Member Name:	Member Type + Ed Award Status:
Term of Service: 1 st 2 nd 3 rd (only if 1 was VISTA) If 2 nd or 3 rd , did the program check for a satisfactory term of service?	
US Citizen/National, Lawful Permanent Resident (§ 2522.200 Documentation checked (Birth Certificate, Passport, Natu Other allowable documentation as outlined in § 2522.200	ralization Certificate, or Notes:
Age: Documentation (DL or same as above) Birth date:	
 High School Diploma/GED High School Diploma/GED Certificate OR Self-Certification (under penalty of perjury, name of HS, signature of member) or Self-Certification states member is working towards HS diploma or GED. HS + Year: 	
National Sex Offender Public Registry (NSOPR) Checked and cleared on http://www.nsopr.gov Date checked and staff initials:	
Criminal History Check	
Date cleared and staff initials:	
Signatures/Dates- both member and supervisor Start + End Dates: Con	tracted Service: +
Member Signature date on contract: + Enroll/Exit Forms: +	
Timesheet Service: +	
Date – member contract signature date is on or before contracted member start date	
TIMESHEETS	
At minimum, check all timesheets for:	
Member signatures/dates	
 Supervisor signatures/dates Timesheets cover length of service including weeks with no hours, holidays, vacations, and training 	
Allowable activities in alignment with intent of grant	
Orientation/Training on timesheet	
Hours check:	.
 Hr calcs are correct/consistent My AC: Training as a % of Hours: 	Timesheet: Exit Form:
Fundraising as a % of Hours: Fundraising as a % of Hours:	
EVALUATIONS	
Mid (only HT + FT) signed by member/program?	Date administered:
Final completed and signed by member/program? Date administered:	
PERSONAL COMPELLING CIRCUMSTANCES (IF APPLICABLE)	
Sufficient, complete, and approved documentation of personal compelling circumstances	
Comments:	