Child Care Waiver Form

All full time AmeriCorps members may apply for child care benefits. Members with children who do not wish to apply for these benefits should complete the waiver below.

Section I: MEMBER INFORMATION		
Member First Name:	Middle Initial:	Member Last Name:
Sè	ction II; Waiver of Child Care Bene	efits
	WAIVER OF COVERAGE	
By signing below, I hereby WAIV	E participation in the AmeriCor	ps child care benefits plan.
Member Signature	- Paragraphic Control of the Control	Date