

AmeriCorps*VISTA Member Assignment Description (Answer all questions only in the space provided as it will be the one sheet provided to applicants during recruitment.)		For Placement Office Use Only Project No.: _____ No. of VISTAs: _____ Date Needed: _____
1. Sponsor Name	4. Geographic Area(s) of AC*VISTA Assignment	
2. City, State	5. Number of VISTAs required for this assignment	
3. Supervisor's Name	6. Telephone Number	
7. Briefly describe the sponsoring organization, its mission and activities, and the low-income population served.		
8. Describe the AmeriCorps*VISTA project and how it fits into the overall mission of your organization.		

Part B, Section IV: Member Assignment Description (Continued)

9. List tasks and activities of the AmeriCorps*VISTA Member(s) working under this assignment which relate to the goals and objectives of the work plan.

10. List requested AmeriCorps*VISTA Member skills and qualifications.

11. Indicate any factors the Corporation should be aware of when assigning disabled AmeriCorps*VISTA Member(s) to this project, such as availability of transportation and housing, accessibility of facilities, etc. Indicate whether services to be provided are accessible to the disabled members of the community.

*I have read the assignment description and if placed on this project, I agree to fulfill the duties and activities described above as an AmeriCorps*VISTA Member.*

SIGNATURE OF APPLICANT/MEMBER

DATE