AMERICORPS*VISTA

FUTURE PLANS OR EARLY TERMINATION REQUEST

PART A – To Be Completed By VISTA

(Print or Type – Forward through supervisor to the Corporation for National Service State Office)

1. Name of VISTA (Last name, first name, middle initial | 2. Social Security No. | 3. Telephone No. (include area code)

4. Name of Project | 5. Mailing Address at Project | 6. Scheduled Date of Termination

7. I would like to (Check One):

A. [ ] Extend my service for less than one year, until (Date): _____

B. [ ] Reenroll for an additional year and elect (Check One): [ ] Education Award [ ] Stipend

C. [ ] Complete my service as scheduled on (Date): _____

D. [ ] Terminate my service early (Date): _____

Reason for terminating early: _____

_____

8. I plan to return to my home of record by (Check One):

[ ] Air [ ] Private Automobile (Driver)

[ ] Rail [ ] Private Automobile (Rider)

[ ] Bus [ ] Motorcycle

Dates I plan to travel: _____

9. Permanent Forwarding Address and Phone No. (Include area code):

PART B – VISTA PERFORMANCE EVALUATION

(**TO BE COMPLETED BY VISTA's SUPERVISOR** – Print or type – Send to the Corporation for National Service State Office)

1. Describe VISTA's major duties and accomplishments: (Attach a separate sheet of paper if necessary)

Please attach a separate sheet with a 1-2 paragraph description of your VISTA member's duties and accomplishments during their service

2. Please rate the following:

	Poor	Adequate	Above Average	Excellent
Initiative.....	[ ]	[ ]	[ ]	[ ]
Reliability.....	[ ]	[ ]	[ ]	[ ]
Judgment.....	[ ]	[ ]	[ ]	[ ]
Acceptance of Responsibility.....	[ ]	[ ]	[ ]	[ ]
Relationships with Co-Workers....	[ ]	[ ]	[ ]	[ ]
Relationships with Community.....	[ ]	[ ]	[ ]	[ ]
Overall Performance.....	[ ]	[ ]	[ ]	[ ]

3. Recommendation:

[ ] Reenrollment

[ ] Extension

[ ] Termination

_____ _____
Supervisor's Signature Date

_____ _____
VISTA's Signature Date

PART C – EXTENSION AND ENROLLMENT INFORMATION

(To be completed by State Program Official, if applicable)

1. Action Requested

[ ] Extension at Current Project [ ] Reenrollment at Current Project [ ] Other _____

[ ] Extension at New Project [ ] Reenrollment at New Project _____

2. Additional pertinent information about VISTA not included in Part B.

Recommendation: [ ] Approve [ ] Disapprove

_____ _____
Program Specialist of Current Assignment Date

[ ] Approve [ ] Disapprove

_____ _____
State Director of Current Assignment Date

The provision of information in this form is voluntary and falls under the provisions of the Privacy Act of 1974 (5 U.S.C. 552a) and "CNCS Statement of General Routine Uses" (42 F.R. 182)

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