

**AMERICORPS*VISTA
SPONSOR EVALUATION OF APPLICANT**

Instructions: The sponsor must complete and submit this evaluation form
to the Corporation for National service for each applicant.

Name of Applicant _____ Date _____

Sponsor _____

Career Plan Eligibility: Individuals are eligible for a "Career Plan" if their current income falls below the U.S. poverty guidelines.
This applicant is ____ is NOT _____ eligible. (Check one)

1. Is the applicant currently involved in community service? Describe work and degree of involvement:

2. What relevant skills or strengths can the applicant contribute to this program?

3. What are the applicant's weaknesses?

4. What type of supervision would the applicant need to function effectively as a VISTA?

5. Is the applicant available for service on a full-time basis? (Conflicting obligations such as full- or part time employment or enrollment in courses not related to the volunteer assignment or career development would render the applicant unavailable for full-time service.)

Yes _____ No _____ If no, please explain:

6. Describe the project and role to which you plan to assign this person

7. Overall recommendation:

____ I recommend the applicant without reservation as an excellent candidate for AmeriCorps*VISTA service.

____ On the whole, I would recommend the applicant as a good candidate for AmeriCorps*VISTA service.

____ I have some reservations, but I believe the applicant has a reasonable chance of success in AmeriCorps*VISTA service.

____ I have substantial reservations about the applicant for AmeriCorps*VISTA service.

____ I believe that the applicant is unsuited for AmeriCorps*VISTA service.

____ Other comments:

Signature _____ Date: _____
Sponsor or Project Director

I have reviewed the attached material for this AmeriCorps*VISTA applicant and authorize final clearance.

Signature _____ Date: _____
CNS State Program Director

Signature _____ Date: _____
CNS Cluster Director