

**AMERICORPS VISTA  
HOST SITE EVALUATION OF CANDIDATE**

Instructions: The sponsor is responsible for completion and submission of this evaluation Form to the Corporation for National Service for each applicant.

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Sponsor \_\_\_\_\_

Host Site \_\_\_\_\_

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

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

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3. What are the applicant's weaknesses?

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4. What type of supervision would the applicant need to function effectively as an AmeriCorps\*VISTA?

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5. Is the applicant available for service on a full-time basis? (Continuing obligations such as full-time 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.**

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

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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 the applicant is unsuited for AmeriCorps\*VISTA service.
- Other comments:

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Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Host-Site VISTA Supervisor

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