

**ACTION/VISTA
SPONSOR EVALUATION OF VISTA APPLICANT**

Note: The sponsor must complete and submit this evaluation form to ACTION for each VISTA applicant.

Name of Applicant _____

Date _____

Sponsor _____

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 his program?

3. What are the applicant's weaknesses?

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

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 VISTA service.
- On the whole, I would recommend the applicant as a good candidate for VISTA service.
- I have some reservations, but I believe the applicant has a reasonable chance of success in VISTA service.
- I have substantial reservations about the applicant for VISTA service.
- I believe that the applicant is unsuited for VISTA service.
- Other comments:

Signature _____ Date _____
Sponsor or Project Director

I have reviewed the attached material on this VISTA Volunteer applicant and authorize final clearance.

Signature _____ Date _____
State Program Director

Signature _____ Date _____
Regional Director

Signature _____ Date _____
Regional Director