



## AmeriCorps VISTA Oath Form (Alternate)

1. NAME

2. DATE OF BIRTH (mm/dd/yyyy):

3. CNCS STATE OFFICE:

4. DATE ENTERED ON DUTY:

**5. ALTERNATE OATH OF SERVICE \***

*The following oath or affirmation of service is required by the Domestic Volunteer Service Act of 1973, as amended, and must be administered by an authorized staff member of the Corporation for National and Community Service and signed in their presence or in the presence of a notary public:*

I swear (or affirm) that I will abide by and obey all the rules, policies, and laws applicable to service as an AmeriCorps VISTA member without any mental reservation or purpose of evasion, and that I will well and faithfully discharge the duties of the office of which I am about to enter.

AmeriCorps VISTA Member's signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_\_\_

**6. FOR OFFICIAL USE ONLY**

Subscribed and sworn to (affirmed) before me on this day, \_\_\_ / \_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_