



AmeriCorps VISTA Member Registration Form

1. **NAME (LAST NAME, FIRST NAME, MI)**

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

3. **CNCS STATE OFFICE**

4. **DATE ENTERED ON DUTY**

5. NEXT OF KIN EMERGENCY CONTACT

Full Name: _____

Phone Number: () _____ - _____ Relationship: _____

Street Address: _____

City, State, Zip Code: _____

6. 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:

I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

Member's signature _____ **Date** _____

**NOTE: The phrase "So help me God" and the word "swear" wherever it appears in the oath may be stricken when the Member elects to "affirm" rather than swear to the oath; only these words may be stricken and only when the Member elects to affirm the Oath of Service.*

7. PROVISIO

I understand that my assignment is contingent upon my successfully completing a criminal background check. Should a background check show that I am ineligible to serve in the VISTA program for any reason, I will be terminated from service and forfeit all service benefits.

Member's signature _____ **Date** _____

8. FOR OFFICAL USE ONLY

Subscribed and sworn to (affirmed) before me this _____ day of _____, _____

Signature _____ Title _____