VISTA Teleservice & Virtual Service Site Request & Agreement Form

The following checklist is to assess the safety of a teleservice or virtual service site arrangement and serves as the agreement form. **VISTA Members:** Please complete the form and submit it to your VISTA site supervisor for review and approval. **Site Supervisors:** Please review, once the request is approved or disapproved, please submit the form to the VISTA sponsor. **VISTA Sponsors**: Sponsors must acknowledge and maintain access to the record of all forms in accordance with record retention policies.

VISTA's NAME:	NSPID*:

VISTA Assignment Description Title:

VISTA's Email Address while serving:

VISTA's Phone number while serving:

VISTA Project Sponsor Name:

Site Name (if different from sponsor):

Service Site Address:

Site Supervisor Name:

Site Supervisor Phone #:   Site Supervisor Email:

Type of Request:
- ☐ Teleservice Request
  - o Full Time Request *(5 days per week)*
  - o Less than 5 days per week Request

- ☐ Virtual Service Site Request

Teleservice / Virtual Service Site Address:

* Find your NSPID on the Member Home screen in my.americorps.gov.

Teleservice and Virtual Service Site Environment

To be completed by the AmeriCorps VISTA member, leader, or summer associate:

1. Are temperature, noise, ventilation, and lighting levels adequate for maintaining your normal level of job performance?	**YES** ☐	**NO** ☐
2. Are all stairs with four or more steps equipped with handrails?	**YES** ☐	**NO** ☐
3. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling)?	**YES** ☐	**NO** ☐
4. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	**YES** ☐	**NO** ☐
5. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?	**YES** ☐	**NO** ☐
6. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?	**YES** ☐	**NO** ☐
7. Is the office space neat, clean, and free of excessive amounts of combustibles?	**YES** ☐	**NO** ☐
8. Are floor surfaces clean, dry, level, and free of worn or frayed seams?	**YES** ☐	**NO** ☐
9. Is there enough light for reading?	**YES** ☐	**NO** ☐
10. Is your service location free of safety hazards?	**YES** ☐	**NO** ☐

Computer Workstation

To be completed by the AmeriCorps VISTA member, leader, or summer associate:

11. Is your back adequately supported by a backrest?	**YES** ☐	**NO** ☐
12. Are your feet on the floor or fully supported by a footrest?	**YES** ☐	**NO** ☐
13. Are you satisfied with the placement of your monitor and keyboard?	**YES** ☐	**NO** ☐
14. Is it easy to read the text on your screen?	**YES** ☐	**NO** ☐

15. Is the screen free from noticeable glare?	**YES** ☐ **NO** ☐
16. Is the top of the screen eye level?	**YES** ☐ **NO** ☐
17. Do you have enough leg room at your desk?	**YES** ☐ **NO** ☐
18. Is there space to rest the arms while not typing?	**YES** ☐ **NO** ☐
19. When typing, are your forearms close to parallel to the floor?	**YES** ☐ **NO** ☐
20. Are your wrists fairly straight when typing?	**YES** ☐ **NO** ☐

VISTA's Agreement:

I have read and understand the AmeriCorps VISTA Teleservice and Virtual Service Site Policy. I agree to abide by the terms and conditions. I further agree that while serving from a teleservice / virtual service site location I will abide by all applicable VISTA policies and procedures. I understand that failure to abide by these polices and rules may result in administrative action against me, including possible removal from VISTA service. If I have questions concerning my teleservice or virtual service site agreement I will contact my site supervisor immediately for assistance.

I further understand and agree to my sponsor / site policies and procedures regarding proper use of equipment and resources provide to me. I understand all equipment and resources issued to me should be returned to my sponsor / site when I leave VISTA service.

_____   _____   _____
VISTA's Name (Print)   Signature   Date

VISTA Additional Notes / Comments Section:

SUPERVISOR DECISION:

Approved ☐   **Disapproved** ☐

Effective Date:

Supervisor's signature indicates the receipt and review of this form and the approval or disapproval of the teleservice or virtual service site request; it does not signify that the supervisor has inspected the VISTA's alternative work address. No such inspection is required.

Supervisor Name (Print)	Signature	Date

Supervisor Additional Notes / Comments Section:
Please note that if the request is disapproved, an explanation is required. If the teleservice request type is "Less than 5 days a week" please include details as to how often VISTAs will teleserve.

VISTA SPONSOR RECORDS:

Date Acknowledged by sponsor: _____

Sponsor Additional Comments: