

CCNYPA*VISTA
End of Year Check-In Form

Name of Institution:

Date:

Site Supervisor Printed Name:

Signature:

VISTA Member Printed Name:

Signature:

*Please answer each of the questions below. If you select "no," please provide an explanation below. This document must be signed by the host site supervisor and the CCNYPA*VISTA.*

1. Did you provide daily supervision of the CCNYPA*VISTA with weekly one-on-one "check-ins" for the second half of the VISTA term?
 Yes
 No

2. Did you provide project support for the VISTA?
 Yes
 No

3. Did you continuously review the VISTA Assignment Description and assist the VISTA with developing a project timeline to achieve the goals and objectives in the VAD?
 Yes
 No

4. Have you convened an advisory board, with at least 51% of the members from the low-income community, to help guide the VISTA project?
 Yes
 No

5. Did you consult with and use people from the community being served by the VISTA project in the planning, developing, and implementation of the project?
 Yes
 No

6. Did the Supervisor and VISTA consider the ongoing sustainability of the program past the VISTA's term of service?

- Yes
- No

7. Did you provide the time and support needed for the VISTA to compile their legacy document?

- Yes
- No

8. Did you support the VISTA member in considering next steps and future plans for after their service term is completed?

- Yes
- No

9. Did the supervisor and VISTA collaborate on collectively writing the End of Year report?

- Yes
- No

Has your CCNYPA*VISTA Member participated in any of the following PROHIBITED activities:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Full or part-time employment while serving as a VISTA member without written approval by the supervisor and CCNYPA
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receiving supplemental allowances or compensation for work from the host site or community partner outside of project sponsored housing and/or meal plan
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Taking on responsibilities at the host site campus or community partner outside of the VISTA Assignment Description (VAD) or duties that supplant those of a full-time staff member
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Supervising full-time or part-time staff or other AmeriCorps members, including college students serving as AmeriCorps members
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Participating in any of the AmeriCorps prohibited activities:</p> <ul style="list-style-type: none"> -Partisan and nonpartisan political activities, including voter registration -Direct or indirect attempts to influence passage or defeat of legislation

		-Labor or anti-labor organization or related activities -Religious instruction, worship services, proselytization, or any other religious activity as an official part of their duties
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Providing direct service to the communities

*Explain if you answered “no” to questions one through 9.
