AmeriCorps VISTA Oath Form
For US Citizens

1. FULL NAME (as it appears on my.americorps.gov):

2. NAME OF YOUR PROJECT SPONSOR:

3. SERVICE LOCATION CITY & STATE:

4. DATE OF YOUR FIRST DAY OF SERVICE AT YOUR SITE:

5. NAME OF CNCS OFFICIAL WHO ADMINISTERED THE OATH:

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.

____________________  ___________________________  ___ / ___ / _____
AmeriCorps VISTA Member’s signature  Date (MM/DD/YYYY)

____________________  ___________________________  ___ / ___ / _____
Witness  Date (MM/DD/YYYY)

*NOTE: The words “So help me God” in the oath, and the word “swear” wherever they appear above, may be stricken when the Member elects to affirm rather than swear to the Oath of Service; only these words may be stricken and only when the Member elects to affirm the Oath of Service.

This oath is valid and effective when the following conditions have been met:

1) All fields on this form have been accurately completed
2) You have successfully completed Pre-Service Orientation, or, if attending the Pre-Service Orientation Blend, you have completed the first Webinar; or the VISTA program has approved you to begin service prior to attending Pre Service Orientation.

Instructions for Submission:
- Member and Witness sign and date using blue or black ink. Digital signatures are not accepted.
- Scan the completed Oath as a pdf. Photographs will not be accepted.
- Email the completed Oath to the VISTA Member Support Unit at vmsu@cns.gov within 48 hours of your first day of service. The subject line and body of the email must include the following:
  - For those attending PSO Blend: OATH–First Name, Last Name, PSO Blend – MM/DD/YYYY (Date of first day of PSO)
  - For those sworn in without or prior to attending PSO: OATH–First Name, Last Name, VISTA State Office Initials (i.e. KY)

Revised March 2017