

VISTA Summer Associates Terms and Conditions Acceptance Form

VISTA summer associates must certify that they have read and understood the information presented in this course, and that they accept the terms and conditions of VISTA service.

You must ensure this printed form is submitted to your state office. If you are unsure of any terms or conditions, please contact the VMSU.

(please print)

Name:	
Email:	
Address:	
Phone:	
State you'll be serving in:	

Please mark one item and sign below.

I have taken the Terms, Conditions, and Benefits course and ACCEPT responsibility for the information presented in this course.

I have taken the Terms, Conditions, and Benefits course and do NOT ACCEPT responsibility for the information presented in this course.

Signature: _____ **Date:**

This form shall be kept in the member's file at the VISTA Member Support Unit.