



AmeriCorps VISTA Relocation Travel Form



ATTENTION TRAVELER

To submit this form: Fill out and return the completed form to your [CNCS State Office](#). Consult your sponsor to ensure your submission is routed correctly. Incomplete submissions may not be processed.

The VISTA Member Support Unit (VMSU) approves all relocation travel requests. Preferred travel dates, modes of travel, and preferred route of travel are not guaranteed. The VMSU will contact you between 35 and 25 days prior to your anticipated training date to approve your final plans. Do not make travel arrangements without consulting the VMSU and receiving written approval.

Prior to completing this form, review the Relocation Facts Sheet available at the [VISTA Campus](#). If you have any questions or concerns, please contact the National Service Hotline at **800-942-2677** immediately.

This form is ONLY compatible with Adobe Reader. Apple computers will need to download the Adobe Reader software.

Part A – To be completed by the traveler. Traveler Information (all fields are required)

Last Name: _____ First Name: _____ Middle Initial: _____

Daytime Phone Number: _____ Email Address: _____

Home of Record (permanent address)

City: _____ State: _____ ZIP: _____

Location of Service Site

City: _____ State: _____ ZIP: _____

Preferred Route – Final Route subject to approval by the VMSU (select one only):

I prefer to relocate from my home of record to my service site prior to attending training (PSO or Leader Orientation) then travel round trip to training.

I prefer to attend training on my way to my service site.

I prefer to travel round trip to training from my home of record then relocate to my service site

Anticipated primary mode of travel to service site:

Anticipated date of departure from home of record: _____

I hereby certify that I have reviewed and accept the terms of the VISTA Travel Policy and that the information on this form is complete and accurate to the best of my knowledge.

Yes

No

Part B – For State Office Use Only

(If Part B cannot be completed by the state office, approval may accompany the form via email.)

State Office Identifying Traveler: _____

The VISTA candidate above is relocating from his/her home of record by 50 miles or more in order to serve.

Yes

No