

# AmeriCorps VISTA Teleservice Request Form

The following checklist is to assess the safety of teleservice arrangement and serves as the request form. Please complete the form and submit it to your VISTA supervisor. The supervisor will, upon approval, sign and submit the form to the CNCS Regional Office.

NAME:	NSPID*:
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\* Find your NSPID on the Member Home screen in [my.americorps.gov](http://my.americorps.gov).

VISTA PROJECT:
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HOME ADDRESS AND PHONE NUMBER:
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## CHECKLIST

### Home Environment

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

## Computer Workstation

9. Is your back adequately supported by a backrest?	<b>YES</b>	<b>NO</b>
10. Are your feet on the floor or fully supported by a footrest?	<b>YES</b>	<b>NO</b>
11. Are you satisfied with the placement of your monitor and keyboard?	<b>YES</b>	<b>NO</b>
12. Is it easy to read the text on your screen?	<b>YES</b>	<b>NO</b>
13. Is there space to rest the arms while not keying?	<b>YES</b>	<b>NO</b>
14. When keying, are your forearms close to parallel to the floor?	<b>YES</b>	<b>NO</b>
15. Are your wrists fairly straight when keying?	<b>YES</b>	<b>NO</b>

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VISTA Member Name (Print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Supervisor's signature indicates his or her receipt of this form and approval of the teleservice request; it does not signify that the supervisor has inspected the member's home. No such inspection is required.

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Supervisor Name (Print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

The CNCS representative's signature indicates his or her receipt of this form and approval of the teleservice request; it does not signify that the representative has inspected the member's home. No such inspection is required. Teleservice is not authorized without this signature.

\_\_\_\_\_

CNCS Representative Name (Print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date