

PSO Entry Sheet

ALL INFORMATION MUST BE TYPED AND SENT PREFERABLY AS AN ATTACHMENT THROUGH E-MAIL

Applicant Data:		VISTA Project Data	
Applicant Name:		VISTA Project Sponsor Name:	
Social Security #:		Project Site Name: if applicable	
Gender (M/F):		Site Address:	
Birthdate:		Site City :	
Mailing Address:		Zip Code:	
City, State and ZIP Code:		Site Phone #:	
Where can this applicant be reached 2-3 weeks prior to the PSO?		Site Fax #:	
E-mail Address:			
Phone Number:			

Applicant Special PSO Needs

Meal Preference (circle one):	Regular	Vegan	Vegetarian
Accessibility (Wheelchair, attendant etc):			
Smoker? (Y/N):			
Other Special Needs:			

Applicant Travel Request

Please complete as appropriate how applicant wishes to get to PSO and the project site

<input type="checkbox"/> Driving	From:		Expected date of departure
	To:		
	Reporting to site first/when?:		
	Car needed at site? (Y/N):		
	Car authorized by State Office? (Y/N):		
	V81 form completed? (Y/N):		
<input type="checkbox"/> Passenger	From:		
	To:		
	Aware of lower mileage rate? (Y/N):		
<input type="checkbox"/> Flying	Closest airport to home of record:		
	Date wanting to fly:		
<input type="checkbox"/> Other	Description:		
	Closest Station :	Expected Date of Travel :	

For Utah State Office Use Only

Project Number:			
Volunteer Type:	<input type="checkbox"/> Standard	<input type="checkbox"/> Cost Share	<input type="checkbox"/> Grant
Emphasis Code:		Program Issue Area:	<input type="checkbox"/> Children/Youth
Purpose Code:		check one	<input type="checkbox"/> Literacy
Pay Plan (County):			<input type="checkbox"/> Welfare to Work
\$550 Relocation Allowance (Y/N):			<input type="checkbox"/> Asset Development
Baggage/Shipping Allowance (Y/N)			<input type="checkbox"/> Seniors
Education:			