



ACCESSIBILITY CHECKLIST FOR HOST SITES

CCMW and CNCS strive to include all differently abled VISTA Members in service activities. Please answer the following questions to help us accommodate Member requests appropriately. This document is for informational purposes and will not affect your eligibility status SECond Mission VISTA.

Organization Name:

1. Do policies, practices, or standards directly or indirectly exclude or limit the participation of individuals with disabilities in your organization's programs or activities? YES NO
2. If yes to #1, program/requirements do limit or exclude the individuals with the following disabilities from serving:

Visual Disabilities Hard of Hearing Cognitive/Intellectual Disabilities Mobility Disabilities Developmental Disabilities

3. Does your organization have policies that ensure a "reasonable accommodation" is made to individuals, including VISTA Members with disabilities? YES NO

4. Does your organization notify all persons such as staff and volunteers of your policy not to discriminate against individuals with disabilities? YES NO

5. Does your site have the ability to communicate with individuals who are hard of hearing? YES NO

6. Does your site have publications and signage available for individuals with visual disabilities? YES NO

7. Is your site's building equipped to accommodate individuals with disabilities? Please check all that apply.

- At least one accessible route that connects the entire facility including the parking lot
- A parking space designated for individuals with disabilities
- A drop-off zone near the building entrance
- An accessible entrance
- An accessible restroom
- If multi-level, an elevator is available
- Handrails on stairways
- Meeting spaces/conference areas accessible for individuals with disabilities

Signature of person completing evaluation

Title

Date

CCMW Representative

Date



SAFETY CHECKLIST FOR HOST SITES

CNCS and CCMW ensure that all host sites assess the safety of their VISTA Members annually. Please answer the following questions to the best of your ability and return this form to CCMW.

Organization Name:

- All VISTA Members are oriented and trained on the agency's safety policy. YES NO
- VISTA Members are given the necessary materials and knowledge to perform tasks safely. YES NO
- Proper signs, emergency exits and safety protocols are visibly displayed. YES NO
- All VISTA Members report and/or document any accidents to a staff member. YES NO
- All VISTA Members receive a background check prior to serving. *** YES NO
- Staff provides VISTA Members with new safety information as needed. YES NO
- VISTA Members wear appropriate clothing and safety equipment necessitated by activity. YES NO
- First aid kits are available and locations identified. YES NO
- Fire extinguishers are located on site and inspected regularly. YES NO
- Work sites are free of hazards. YES NO

Signature of person completing evaluation

Title

Date

CCMW Representative

Date

***All VISTA Members undergo FBI criminal history checks and are checked against the National Sex Offender Registry prior to serving. Please check 'yes.'