 Disaster Requirement Waiver

AmeriCorps\*Texas

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| **Legal Applicant Name**  | Click here to enter name. |
| **Program Name**  | Click here to enter name. |
| **Submitted by** | Click here to enter name. |
| **Applicable Project Period** | Choose an item. |
| **OneStar Member Disaster Activation/Deployment Policy**OneStar Foundation requires the availability of AmeriCorps\*Texas members to support disaster response and/or recovery efforts as needed by the State of Texas. Waivers to this requirement will be considered on a case-by-case basis for programs that can demonstrate that this requirement would cause undue hardship or be otherwise unreasonable for reasons related to specific program design (for example, programs designed to enroll members who are under the age of 18 or who are full-time students).Waivers must be approved by OneStar in writing and will remain in effect for the duration of the three-year project period in which the waiver was approved, unless otherwise specified in the conditions below. |
| **Waiver requested from the following disaster requirements *(check all that apply):*** | [ ]  **Member Activation:** Members participate in OneStar determined disaster response and recovery *within their service area*. This may involve virtual service opportunities or in-person service opportunities. This may include service opportunities outside of the member’s standard service hours or in place of their standard service duties. [ ]  **Member Deployment:** Members deploy *outside of their service area* to participate in OneStar determined disaster response and recovery activities. |
| **Waiver will apply conditionally to the program’s following members *(check all that apply)*:** | [ ]  FT members[ ]  RFT members[ ]  HT members[ ]  RHT members[ ]  QT members[ ]  MT members | [ ]  Members under the age of 18[ ]  Members enrolled as full-time students[ ]  Professional Corps members at service sites that remain operational[ ]  Other - please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please justify why the disaster requirement would cause undue hardship or be otherwise unreasonable for reasons related to specific program design.**  | Click here to enter text. |
| *To be completed by OneStar staff* | [ ]  OneStar approves this Disaster Requirement Waiver with the following conditions: |
| **Please list additional conditions to this waiver.** | Click here to enter text. |
| **Program Officer Signature** | X | **Date** |  |
| **Manager Signature** | X | **Date** |  |