

Community Partner Profile – Service Learning



Contact information:

Organization Name:	
Contact Person Name/Title/Certifications/Licenses:	
Address:	
City/State/Zip:	
Phone: Cell:	
Email:	
Website:	
Years at this agency/organization:	
Have you or someone at your agency participated in SL?	

Organization Type (Check all that apply):

<input type="checkbox"/> Adult Education	<input type="checkbox"/> Faith Based	<input type="checkbox"/> Middle School
<input type="checkbox"/> Alternative Education	<input type="checkbox"/> For Profit	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> College/University	<input type="checkbox"/> Public/Government	<input type="checkbox"/> Technical/Vocational
<input type="checkbox"/> Elementary School	<input type="checkbox"/> High School	<input type="checkbox"/> Youth Based
<input type="checkbox"/> Other _____ (Name of Organization Type)		

Issue(s)/Topic(s) Addressed (Check all that apply):

<input type="checkbox"/> Advocacy	<input type="checkbox"/> Environmental Sustainability	<input type="checkbox"/> Immigration/Naturalization
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Food Security	<input type="checkbox"/> Labor/Employment Development
<input type="checkbox"/> Animal Welfare	<input type="checkbox"/> Global Issues	<input type="checkbox"/> Law/Legal Services
<input type="checkbox"/> Arts & Culture	<input type="checkbox"/> Health – Aging & Hospice Care	<input type="checkbox"/> Lesbian/Gay/Bisexual/Transgender
<input type="checkbox"/> Community/Econ Dev.	<input type="checkbox"/> Health – Chronic Disease	<input type="checkbox"/> Media
<input type="checkbox"/> Community Gardening	<input type="checkbox"/> Health – Community Wellness	<input type="checkbox"/> Poverty
<input type="checkbox"/> Conflict Resolution/Mediation	<input type="checkbox"/> Health – Mental Wellness	<input type="checkbox"/> Recreation and/or Rec. Therapy
<input type="checkbox"/> Disability education/rights (pops.)	<input type="checkbox"/> Health – Nutrition	<input type="checkbox"/> Social Justice
<input type="checkbox"/> Education - (early childhood)	<input type="checkbox"/> Health –Physical Fitness	<input type="checkbox"/> Social Service
<input type="checkbox"/> Education - (K-6)	<input type="checkbox"/> Health – Policy & Practices	<input type="checkbox"/> Technology
<input type="checkbox"/> Education - (middle school)	<input checked="" type="checkbox"/> Health – Public Health	<input type="checkbox"/> Transportation
<input type="checkbox"/> Education – (high school)	<input type="checkbox"/> Health –Substance Abuse	<input type="checkbox"/> Violence Prevention
<input type="checkbox"/> Education (Literacy)	<input type="checkbox"/> HIV/AIDS	<input checked="" type="checkbox"/> Voter Registration
<input type="checkbox"/> Education (Mathematics)	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Women’s Rights Issues
<input type="checkbox"/> Education (Physical Education)	<input type="checkbox"/> Housing	<input type="checkbox"/> Youth Development/Programming
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other _____	<input type="checkbox"/> Youth--Foster Care

Learning Site Responsibilities as per Service Learning Agreement

(The topics listed below reflect items in Part I, A-D in the Sacramento State Service Learning Agreement)

Please initial the boxes to the right verifying that you will provide this information to students (REQUIRED):	Initial
Safety Policy and Emergency Procedures* /Parking concerns/ADA Compliance	
Check-In-and-Out Procedure --Driver's License or CSUS One Card (Sac State Students are required to complete an Emergency Contact form and leave it with you at the site once they begin their service learning hours)	
Information, if available about Sexual Harassment Prevention	
Tour of the Site	
Written description of student's tasks and responsibilities (Sac State Students are required to track their hours with a Time Log and we need you to verify and sign off at the end of the semester)	
Supervision and Scheduling	
Additional training as needed (only if applicable; if not, please put NA)	
Mandatory Reporting on Abuse/neglect (only if applicable; if not, please put NA)	
Photo Policies (only if applicable, if not, please put NA)	
Other (Please list):	

**This should include ALL KNOWN inherent risks associated with the students' service learning environment (facility hazards, location concerns, client or personnel issues, students working alone at night, etc.)*

(The topics listed below reflect items in Part I, E in the Sacramento State Service Learning Agreement)

Please put a check in the boxes below*:	Yes	No
Is fingerprinting or Livescan required for students?	<input type="checkbox"/>	<input type="checkbox"/>
Is a TB test required for students?	<input type="checkbox"/>	<input type="checkbox"/>
Is a background check required for students?	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please list):	NA	NA
Are you willing to cover the cost of these requirements?	<input type="checkbox"/>	<input type="checkbox"/>

MISSION OF ORGANIZATION (OR GOALS AND PURPOSE) & PROGRAM OVERVIEW (What does your organization do?)

POPULATIONS SERVED (With whom do you work? e.g., seniors, youth, people of all ages, people with disabilities, etc.):

SCOPE OF WORK FOR STUDENTS & HOW MANY HOURS PER 15-WEEK SEMESTER (What will students be doing – working with clients; working on a database; working in a classroom and how many hours per week will they be working?)?

How many students can you accommodate during a 15-week semester? _____

Would you also like to be identified as a site for the following: Internships Community Service Projects

Community Partner Site Representative Signature: _____ Date: _____

Printed Name: _____ Title: _____

CSUS CEC Representative Signature: _____ Date: _____

Printed Name: _____ Title: _____