



Community Site Checklist

Community Based Organization (CBO): _____ Yr. Established: _____
 Street Address: _____ State _____ Zip Code _____
 Mailing Address: _____ State _____ Zip Code _____
 General Phone #: (_____) _____ Fax#: (_____) _____
 CBO Website: http://_____

Has anyone from CBO attended a Service Learning Institute (SLI) orientation workshop? Yes No
 Month/Year: _____ / _____ Attendee: _____

Provide a brief description of CBO purpose or mission: _____

Hours of Operation

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Organization Type

- School:** Government For Profit Non-Profit Faith-Based
 Elementary Middle High College/University
 Technical/Vocational Alternative Education Post Secondary/ Adult Education

Population(s) Served

- Disabled Gay, Lesbian, Bi-Sexual, Transgender Seniors Youth
 English as Second Language Homeless Special Education Other: _____
 Families Low Income Veterans Women
 Farm workers Men

Issues Addressed

- Advocacy Environment Immigration Public Safety
 After/Before School Food/Gardening Job Training Social Services
 Agriculture Foster Care Labor Substance Abuse
 Animal Welfare Global Issues Law/Legal Aid Technology
 Arts/Museums Health/Human Services Literacy Violence Prevention
 Community/Economic Development HIV/Aids Media Voter Registration
 Day Care Homelessness Nutrition/Fitness Women's Issues
 Education Housing Peace & Justice Youth Development
 Poverty Other: _____

Demographics

Total number served annually: _____

_____ % African American _____ % Asian American _____ % Bicultural/Multicultural _____ % Caucasian
 _____ % Latina/o _____ % Native American _____ % Other (please describe) _____

Logistics

What is the maximum number of students site can accept/supervise? _____

Is there a public transportation route available? Yes No

What do students need to do to check in at the site? _____

How will students track their hours at the site? CSUMB Activity Time Log Other: _____

Special Requirements & Preferences

California Drivers License Required

First Aid Certification Required

Computer Literacy Required

Fingerprinting Required

CPR Certification Required

Background Check Required

If Required, is Background Check paid for by organization? Yes No

TB test Required

If Required, is TB test paid for by organization? Yes No

Please provide written policies or briefly summarize background check and TB testing policies: Policy attached.

Language Needs/ Preferences

	Required	Preferred		Required	Preferred
American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	Korean	<input type="checkbox"/>	<input type="checkbox"/>
Cambodian	<input type="checkbox"/>	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	Tagalog	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

Hours/days students can perform service activities

Project	Monday am/pm	Tuesday am/pm	Wednesday am/pm	Thursday am/pm	Friday am/pm	Saturday am/pm	Sunday am/pm

Ongoing Service Learning Opportunities: _____

Special/Capstone Projects: _____

Community Site Visit Checklist

Training and Orientation

Is there any specific training that the CBO will provide? Yes No

Will training be provided to service learners in the following areas?

Community Overview Yes No

Confidentiality Yes No

Emergencies Yes No

Mandatory Reporting on Abuse/Neglect Yes No

Safety Policies/Procedures Yes No

Sexual Harassment Yes No

If No to any of these, has SLI staff has discussed its inclusion with CBO? Yes No

Briefly describe any additional special training CBO will provide: _____

Site Tour

Has CBO given SLI staff and/or faculty member a tour of facilities where students will be working? Yes No

Describe site(s): _____

Is site wheelchair accessible? Yes No

Has SLI staff and/or faculty member been introduced to CBO staff who will supervise students? Yes No

Will students be participating in field trips? Yes No

Will CBO ask students to sign a waiver? Yes No

Will CBO send service learners to serve at sites other than at the primary address? Yes No

IF YES, list addresses and descriptions of additional areas students will serve:

Address:	Description:
(attach additional sheets if necessary)	

Risk Identification

Does your organization have a formal volunteer process in place? Yes No

Are service learning students eligible to sign-up as volunteers? Yes No

Will students ever work unsupervised with clients? Yes No

Will the CBO maintain student's emergency contact info? Yes No

Does CBO have general liability insurance policy? If Yes, please supply a copy. Yes No

Will the CBO cover worker's compensation for service learners? Yes No

Are there specific health and/or safety risks associated with the student's specific work assignment? Yes No

If Yes, Please Explain: _____

Is there any history of violence, environmental hazards or other health and safety risks on the site? Yes No

If Yes, Please Explain: _____

Describe any specific recommendations for precautions for students working at your site: _____

Community Site Visit Checklist

Additional Information

Will service learner travel for CBO business in company car? Yes No

Will service learner travel for CBO business in student's own car? Yes No

Note: Service learners are NOT to use personal vehicles to provide services for the CBO.

Are students allowed to take photographs? Yes No

Will students be asked to bring any materials for orientation or during service hours? Yes No

If Yes, please describe materials required: _____

Please note any comments regarding appropriate attire (examples: cover tattoos; wear close toed shoes; no red or blue clothing): _____

Available for Courses: CHHS Liberal Studies Other _____

CBO personnel who will be supervising CSUMB students:

Name	Title	Phone/ext	Email

CBO Supervisor for signature and questions:

I have met with this CSUMB representative to discuss the items above. The information in this Site Visit Checklist is accurate.

Name (Print) Signature Date

Title

Name of CSUMB representative interviewer:

I have made sure that all of the questions have been answered thoroughly and accurately.

Alicia Hernandez Sanchez

Name (Print) Signature Date

Coordinator of Community Partnerships

Title