Community Partner Site Assessment
Site Visit Checklist

Check all that apply: What types of learning opportunities does your organization offer?

__ Service Learning          __ UROC (Undergraduate Research)     __Capstone (Senior Year Research)
__ CHHS (Health/Human Services field placements)                __Course-based Internships (e.g. Business)
__ MSW/MS/MA (Graduate program field placements)              __OTHER: (describe below or attach)

<table>
<thead>
<tr>
<th>PLACEMENT TYPE</th>
<th>PLACEMENT CONTACT (NAME, TITLE)</th>
<th>PHONE</th>
<th>EMAIL</th>
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<tbody>
<tr>
<td>(Service Learning, UROC, Business internship, etc.)</td>
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1. 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 CSUMB orientation workshop?  □ Yes  □ No
If so, for which program (Internship, CHHS, SL, Research, CHHS or other): ____________________________
   Month/Year: ____________ / ___________  Attendee: ____________________________

2. Provide a brief description of CBO purpose or mission (or attach brochure): ____________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

3. Hours of Operation

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<th>Monday</th>
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Community Site Visit Checklist

4. Organization Type
- ☐ Government
- ☐ For Profit
- ☐ Non-Profit
- ☐ Faith-Based
- School: ☐ Elementary
- ☐ Middle
- ☐ High
- ☐ Post Secondary/Adult Education
- ☐ Technical/Vocational
- ☐ Alternative Education

5. Population(s) Served
- ☐ Disabled
- ☐ English as Second Language
- ☐ Gay, Lesbian, Bi-Sexual, Transgender
- ☐ Bicultural/Multicultural
- ☐ Caucasian
- ☐ Latina/o
- ☐ Native American
- ☐ Other: __________
- ☐ Gay, Lesbian, Bi-Sexual, Transgender
- ☐ Homeless
- ☐ Seniors
- ☐ Special Education
- ☐ Veterans
- ☐ Youth

6. Issues Addressed
- ☐ Advocacy
- ☐ Aging & Adult Services
- ☐ Agriculture
- ☐ Animal Welfare
- ☐ Arts
- ☐ Arts/Museums
- ☐ Before/After School
- ☐ Behavioral Health
- ☐ Child Abuse
- ☐ Child Welfare
- ☐ Community Gardening
- ☐ Community Site Visit Checklist
- ☐ Conflict Resolution/Peace & Justice
- ☐ Crime Prevention/Support
- ☐ Day Care
- ☐ Disabilities
- ☐ Domestic Violence
- ☐ Economic Development
- ☐ Education – Early Childhood
- ☐ Education – High School
- ☐ Education K-6
- ☐ Education – Literacy
- ☐ Education - Mathematic
- ☐ Education - Middle School
- ☐ Edu-Physical Education
- ☐ Environmental Sustainability
- ☐ Family Services
- ☐ Food Security
- ☐ Food/Gardening
- ☐ Foster Care/Adoptions
- ☐ Gerontology
- ☐ Global
- ☐ Global Issues
- ☐ Health/Human Services
- ☐ Health – Aging & Hospice
- ☐ Health – Chronic Disease
- ☐ Health – Comm. Wellness
- ☐ Health – Mental Wellness
- ☐ Health – Nutrition
- ☐ Health – Physical Fitness
- ☐ Health – Policies & Practices
- ☐ Health – Public Health
- ☐ HIV/AIDS
- ☐ Homelessness
- ☐ Housing
- ☐ Hunger/Food Insecurity
- ☐ Immigration & Naturalization
- ☐ Juvenile Justice
- ☐ Labor/Employment Development
- ☐ Law & Legal Services
- ☐ Legal Assistance/Social Justice
- ☐ Medical & Hospital
- ☐ Museum
- ☐ Music/Performance Art
- ☐ Parenting/Education
- ☐ Poverty
- ☐ Probation/Parole
- ☐ Public Administration
- ☐ Public Safety
- ☐ Self – Sufficiency
- ☐ Sexual Orientation
- ☐ Social Services - Adults
- ☐ Social Services - Children & Youth
- ☐ Suicide Prevention
- ☐ Technology
- ☐ Transportation
- ☐ Urban Planning & Development
- ☐ Veterans
- ☐ Voter Registration
- ☐ Women’s Issues
- ☐ Women’s Rights
- ☐ Youth - At Risk
- ☐ Youth Career Exploration
- ☐ Youth – Rec. Prog.

7. Demographics
Total number served annually: __________
- ☐ % African American
- ☐ % Asian American
- ☐ % Bicultural/Multicultural
- ☐ % Caucasian
- ☐ % Latina/o
- ☐ % Native American
- ☐ % Other (please describe)

8. Logistics
a. What is the maximum number of CSUMB students site can accept/supervise? __________
b. Is there a public transportation route available? ☐ Yes ☐ No
c. What do CSUMB students need to do to check in at the site? __________
d. How will students track their hours at the site? ☐ CSUMB Activity Time Log ☐ Other: __________

9. Special Requirements & Preferences
- ☐ California Drivers License ☐ Required
- ☐ Computer Literacy ☐ Required
- ☐ CPR Certification ☐ Required
- ☐ Background Check ☐ Required
- ☐ TB test ☐ Required
- First Aid Certification ☐ Required
- Fingerprinting ☐ Required
- ☐ If Required, is Background Check paid for by organization? ☐ Yes ☐ No
- ☐ If Required, is TB test paid for by organization? ☐ Yes ☐ No

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10. Language Needs/Preferences

<table>
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<tr>
<th>Required</th>
<th>Preferred</th>
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<tbody>
<tr>
<td>American Sign Language</td>
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<tr>
<td>Japanese</td>
<td>☐</td>
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<td>Korean</td>
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<td>Vietnamese</td>
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<td>Other</td>
<td>☐</td>
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<td>Cambodian</td>
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<td>Chinese</td>
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<td>Spanish</td>
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<td>Tagalog</td>
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11. Ongoing Opportunities:

a. Course-based Internships:

______________________________________________________________________________________________

b. Service Learning:

______________________________________________________________________________________________

c. Undergraduate Research:

______________________________________________________________________________________________

d. Capstone Projects:

______________________________________________________________________________________________

e. Special/Other:

______________________________________________________________________________________________

12. Hours/days CSUMB students can perform each activity (i.e. internships, service learning, research, etc.)

<table>
<thead>
<tr>
<th>Type of Placement (internship, service learning, etc)</th>
<th>Monday am/pm</th>
<th>Tuesday am/pm</th>
<th>Wednesday am/pm</th>
<th>Thursday am/pm</th>
<th>Friday am/pm</th>
<th>Saturday am/pm</th>
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13. Training and Orientation

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

Will training be provided to CSUMB students 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 CSUMB staff has discussed its inclusion with CBO? ☐ Yes ☐ No

Briefly describe any additional special training CBO will provide: ________________________________
14. Site Tour
   a. Has CBO given CSUMB staff and/or faculty a tour of facilities where students will be working?  
      □ Yes □ No
      Describe site(s):
   b. Is site wheelchair accessible?  
      □ Yes □ No
   c. Has CSUMB staff and/or faculty member been introduced to CBO staff who will supervise students?  
      □ Yes □ No
   d. Will CSUMB students be participating in field trips?  
      □ Yes □ No
   e. Will CBO ask CSUMB students to sign a waiver?  
      □ Yes □ No
   f. Will CBO send CSUMB students to a sites other than at the primary address?  
      □ Yes □ No
      IF YES, list addresses and descriptions of additional areas CSUMB students will serve:
      Address:                  Description:

15. Risk Identification
   a. Does your organization have a formal volunteer process in place?  
      □ Yes □ No
   b. Are CSUMB students eligible to sign-up as volunteers?  
      □ Yes □ No
   c. Will CSUMB students ever work unsupervised with clients?  
      □ Yes □ No
   d. Will the CBO maintain CSUMB student’s emergency contact info?  
      □ Yes □ No
   e. Does CBO have general liability insurance policy? If Yes, please supply a copy.  
      □ Yes □ No
   f. Will the CBO cover worker’s compensation for CSUMB students?  
      □ Yes □ No
   g. Are there specific health and/or safety risks associated with the student’s specific work assignment?  
      □ Yes □ No
      If Yes, Please Explain: __________________________________________________________
   h. Is there any history of violence, environmental hazards or other health and safety risks on the site?  
      □ Yes □ No
      If Yes, Please Explain: __________________________________________________________
   i. Describe any specific recommended precautions for students working at your site:

16. Additional Information
   a. Will CSUMB student travel for CBO business in company car?  
      □ Yes □ No
   b. Will CSUMB student 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.
   c. Are CSUMB students allowed to take photographs?  
      □ Yes □ No
   d. Will CSUMB students be asked to bring any materials for orientation or during service hours?  
      □ Yes □ No
      If Yes, please describe materials required: ____________________________________________
   e. Appropriate Attire: Please note any requirements, dress codes and/or policies regarding appropriate attire  
      (examples: cover tattoos; wear close toed shoes; no red or blue clothing):
Community Site Visit Checklist

17. CBO-Student Supervision Contacts: Please list staff responsible for direct supervision of CSUMB students, by placement type (e.g. service learning, UROC research, CHHS, etc.). Attach additional sheets if necessary.

<table>
<thead>
<tr>
<th>Name &amp; Title</th>
<th>Phone &amp; Ext</th>
<th>Email</th>
<th>Placement Type</th>
<th>Semester / Date</th>
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18. PROOF (copy) or EXPLANATION OF INSURANCE COVERAGE ATTACHED?  ______YES  ______NO

ATTENTION- REQUIRED: Proof and/or explanation of insurance coverage must be attached to this form OR submitted with your signed University Agency Agreement for Placement of Students (UAAPS) in order to place CSUMB students with your agency.

CBO Supervisor – Primary Contact & Signature
I have met and/or discussed with this CSUMB representative to discuss the items above. Information in this Site Visit Checklist is accurate.

Name (Print)  ____________________________ Signature  ____________________________ Date  ____________________________

Title: ____________________________

CSUMB representative interviewer:
I have made sure that all of the questions have been answered thoroughly and accurately.

Name (Print)  ____________________________ Signature  ____________________________ Date  ____________________________

Title: ____________________________

R-1. Renewal date: ____________________________

R-2. Renewal site check: Please note all changes to site since last visit: (attach additional forms if necessary)

R-3. Renewal – CBO Contact Name & Signature:

Print  ____________________________ Signature  ____________________________ Date  ____________________________

R-4. Renewal - CSUMB Representative Name & Signature:

Print  ____________________________ Signature  ____________________________ Date  ____________________________