

**2016-2017 Federal Work Study
Community Service Assessment
Miscellaneous Form**



Agency Name: _____ Address: _____

Phone: _____

Fax #: _____

1. Agency status? _____ Nonprofit _____ For-profit

2. Agency mission statement and description of clients served?

3. Agency funding sources (*check all that apply*)?

_____ Federal _____ County _____ None
_____ State _____ City _____ Other (*explain*):

4. Agency's fiscal year? _____ to _____

5. Agency's staffing (*number of positions employed at your agency*)?

_____ Full-time _____ Part-time _____ Volunteers

6. Agency open and accessible to the community? _____ Yes _____ No

7. Please provide the following information, attaching a separate sheet for each position:

- Job Title / Classification
- Employment begin & end dates
- Work schedule - days & hours
- Total hours per week
- Description of duties
- Name(s) of immediate supervisor(s)
- Evaluation procedures
- Qualifications & experience
(*indicate preferred or required*)
- Location where students would perform duties

8. Additional comments: _____

Agency Representative Name / Signature: _____

Agency Representative Phone / Email: _____