

**INTERNSHIP HOST SITE QUESTIONNAIRE**

Name of Organization: **Click here to enter text.**

Address: Click here to enter text.

Office Phone: Click here to enter text. Website URL: Click here to enter text.

Representative: Click here to enter text. Cell Phone: Click here to enter text.

**Introduction:**

Western’s (Department and/or Program) is selective when evaluating host sites for its students. We seek organizations that may offer a positive, healthy, safe and educational service learning environment for our students. Our decision whether to accept an organization as a host site is made after considering factors such as learning opportunities, working environment and whether it is a good fit with our program goals. Not accepting your organization is not a negative endorsement.

**Instructions:**

This form should be completed by a knowledgeable representative of the organization who is familiar with the organization’s policies & procedures and the potential opportunities that our students will be engaged in as part of their service learning experience.

**Organization Information:**

What kind of organization are you? Click here to enter text.

What are your internship offerings for our students? Click here to enter text.

Why do you think your offerings fit our students? Click here to enter text.

Do you have a specific individual(s) who will be supervising our students when working on your site? [ ]  YES [ ]  NO

Name: Click here to enter text. Title: Click here to enter text. Cell Phone: Click here to enter text.

Name: Click here to enter text. Title: Click here to enter text. Cell Phone: Click here to enter text.

Does your organization provide an orientation and/or training to students regarding:

* Duties and responsibilities of the internship position? [ ]  YES [ ]  NO
* Your health and safety policies and procedures? [ ]  YES [ ]  NO
* Your harassment and discrimination policies? [ ]  YES [ ]  NO
* Your emergency response plan? [ ]  YES [ ]  NO
* Reporting workplace injuries or illnesses? [ ]  YES [ ]  NO

Please explain any “NO” answers: Click here to enter text.

Will students be asked to participate in high risk activities? [ ]  YES [ ]  NO

Describe activities: Click here to enter text.

Will students be working with:

* Minors under the age of 16 while alone or unsupervised? [ ]  YES [ ]  NO
* “Behaviorally challenged” populations? [ ]  YES [ ]  NO
* Individuals with known criminal background or history of violent behavior? [ ]  YES [ ]  NO
* Any hazardous materials or hazardous equipment/machinery/tools? [ ]  YES [ ]  NO
* Any chemical, biological or radioactive substances? [ ]  YES [ ]  NO

Please explain any “YES” answers: Click here to enter text.

Will students be driving their own vehicle on behalf of the organization? [ ]  YES [ ]  NO

Will students be traveling outside the U.S.? [ ]  YES [ ]  NO Where? Click here to enter text.

Criminal activity at your organization’s facility:

* Would the facility location be described as a high-crime area? [ ]  YES [ ]  NO
* Are parking and work areas secure or adequately illuminated? [ ]  YES [ ]  NO
* Any incidents of criminal activity at the facility within the last year? [ ]  YES [ ]  NO

 If yes, please describe: Click here to enter text.

Is there anything else not covered that might impact the safety and well-being of our students? Click here to enter text.

**Thank you so much for your interest!**

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Representative’s Signature Date