

**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