
Need Assessment for FWS Community Service Program

APPENDIX

b

Agency Name: _____

Date: _____

Contact Name: _____

Phone: _____

Address: _____

1. _____ Non-Profit _____ For Profit

2. Agency Mission Statement and Description of Clients Served:

3. Agency Funding Sources (check all that apply):

_____ Federal

_____ State

_____ County/City

_____ United Way

_____ Other (explain)

4. Agency's Fiscal Year: _____ to _____

5. Agency's Staffing (number of positions):

____ Full-time paid staff

____ Part-time paid staff

____ Student employees

____ Volunteers

6. How many student jobs may be available at your agency during:

Summer 2001 _____

2001-2002 Academic Year _____

Summer 2002 _____

7. For each student job expected to be available as indicated in #6, provide the following information, attaching a separate sheet for each position.

Job Title

Rate or Range of Pay per Hour

Begin and End Dates

Work Schedule-Days and Hours

Total Hours/Week

Description of Duties

Qualifications and Experience (indicate preferred or required)

8. Has your agency hired students through the Federal Work-Study Program in the Past?

____ YES ____ NO

If YES:

Number of students: _____

Dates employed: _____

Average length employed: _____

9. Additional Comments: