

# Request to Initiate Partnership for Student Placement

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Please provide the following information to initiate our partnership and the development of a Memorandum of Understanding.

This form should be completed by a knowledgeable representative at the organization who is intricately familiar with the organization's safety policies and procedures and the potential learning activities that students will be engaged in as part of their experience.

(This form is NOT to be completed by faculty or students.)

**Organization Name**

**Street Address**

**Address Line 2**

**City**

**State**

**Zip Code**

**General phone**

**Main Contact First Name**

**Main Contact Last Name**

**Main Contact Phone**

**ext.**

**Main Contact Email**

**Main Contact Job Title**

**Website**

**Social Media Site**

**Is contact signing Memorandum of Understanding different than the main contact?**

**NO**

**YES**

**If yes please include contact information for person who will be signing the M.O.U.**

**Include contact's** First Name, Last name, phone number, and email

**Is student Supervisor at organization different than the main contact?**

**NO**

**YES**

**If yes, please include information about Site Supervisors in the space provided**

**Include Supervisors'** First Name, Last name, phone number, and email

**Brief description of your organization**

**Brief description of students' activities/responsibilities at the organization**

**What are some main issues addressed by your organization?**

Check any that you feel apply.

**Adult Programs  
& Services**

**Animal Care**

**Arts & Culture**

**Civic Engagement**

**Education**

**Entertainment &  
Media**

**Environment**

**Health**

**Hunger &  
Homelessness**

**International  
Relations**

**Military &  
Veterans Affairs**

**Public Safety**

**Social Justice**

**Youth Programs  
& Services**

**Requirements to become a volunteer**

e.g. training, interview, resume **(for interns, please see below)**

**Does your site require any of these?**    18 or older    Background Check   Computer Literacy   CPR  
First Aid Training   Driver's License   Pre-Placement Training  
Fingerprinting -- Dept. of Justice   Fingerprinting -- FBI   **None of these**

**Please list other health and safety requirements that may be asked of the student**

**Please list information about hours/days students can perform activities at your site**

**Do you prefer students speak a language other than English?**

If **yes** please list languages

**What is the maximum number of students your site can accept?**

**Percentage of time student(s) will be supervised**                      % of time

**Number of students that the organization supervisor oversees**  

**Will students be working unsupervised with minors?**

Yes

No

**Will students be working with "behaviorally challenged" populations?**

Yes

No

**Please select any site location characteristics that apply**

High-crime area

Parking is available

Parking is adequately illuminated

**Will students be working with individuals who have a known criminal background or history of violent behavior?**

- Yes
- No

**Have there been any incidents of criminal activity at the organization within the last year?**

- Yes
- No

**Are there concerns with the site's physical location; such as physical, environmental, or inherent hazards that are not addressed adequately by training and security measures?**

- Yes
- No

**Does the student activity require working with any hazardous materials, heavy equipment, or heavy machinery?**

- Yes
- No

**Does the site have an adequate Emergency Plan that includes emergency exits?**

- Yes
- No

**Will the student receive an orientation of the site?**

- Yes
- No

**Will the student receive safety training pertaining to working conditions at the site?**

Yes

No

**Is this experience a "home-based/virtual" working experience?**

This means that student tasks are completed while working at a home-based business or via computer at the student's home.

Yes

No

**Will the site send students to locations other than the primary address listed?**

Yes

No

**Please clarify any of your answers above with additional helpful information in the "additional comments box at the bottom of this form**

## **ADDITIONAL QUESTIONS FOR INTERNSHIP OPPORTUNITIES**

The following set of questions should be answered if your position is for an internship.

**Title of the position**

**Is this a paid position?**

**What will the intern be doing at the site? (position description)**

**Length of position (Note: A semester is 16 weeks long.)**

**Desired qualifications**

**Experience to be gained**

**Number of positions available**

**Is there a student already selected for this experience?      Yes      No**

**If yes, student(s) name:**

**Hours per week**

**Additional comments/Clarifying information**

**Thank you for your interest in being a partner with Stanislaus State. You will be contacted to discuss further steps prior to student placement(s) at your organization.**