

CSU Service Learning for Family Health
AGENCY SERVICE PRE-SURVEY, YEAR 3
 HEALTH PROMOTION CLASP MEMBERS – GETTING THINGS DONE/STRENGTHENING COMMUNITIES

Agency Information

Agency Name: _____ Date: _____

Address: _____ State: _____ Zip: _____

Name of person completing survey: _____

Title: _____ Phone: _____ Email: _____

 AmeriCorps Member Name(s): _____

 Please circle the number or response which indicates your agreement with each of the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. By utilizing SLFH members, service learners, and volunteers, our Organization hopes to increase the number of clients we serve.	1	2	3	4	5
2. By utilizing SLFH members, service learners, and volunteers, our Organization hopes to expand its services.	1	2	3	4	5
3. Our Organization believes that the SLFH members, service learners, and volunteers will provide other benefit(s) to our Organization, such as capacity building.	1	2	3	4	5
4. If you agree, please provide an educated guess about the other benefit(s): _____					

	Developing		Adequate		Comprehensive	
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
5. Our Organization's volunteer management system is:	1	2	3	4	5	
6. Our Organization finds it effortless to train and supervise service learners and volunteers in planned and meaningful work.	1	2	3	4	5	
7. Our Organization has a person who is responsible for providing an orientation, training, and supervision to each service learner and volunteer.	1	2	3	4	5	
8. Does your Organization provide an orientation to service learners and volunteers?	Yes			No		
9. The orientation is extremely thorough.	1	2	3	4	5	

10. Does your Organization provide supervision throughout the service- learner's and volunteer's experience?

Yes		No		
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

11. The supervision provided allows service learners and volunteers to easily access a staff member to ask questions or address a situation.

12. Please describe your volunteer management system: _____

13. Our Organization communicates with:

	the Service-Learning Office	OR	Faculty		
	Rarely	Occasionally	Frequently		
14. Our Organization communicates with the office or person identified above	1	2	3	4	5
15. Our Organization is knowledgeable about the type of training provided by the University for service learners and volunteers.	1	2	3	4	5
16. Our lines of communication with the University work well.	1	2	3	4	5
17. Our Organization understands the policies and procedures of the University as they relate to service learning.	1	2	3	4	5
18. Our Organization is prepared to thoroughly train each service learner and volunteer to be able to perform the necessary tasks.	1	2	3	4	5
19. Our partnership with the University recognizes strengths and assets and addresses needs of both parties.	1	2	3	4	5

20. Additional Comments: _____

