



Date:

Agency Name:			
Agency Street Address:			
City:	State:	Zip Code:	Phone:
County:	Country:	Fax:	
Agency Web Address/URL:			
Intern Coordinator:		Intern Coordinator Title:	
Intern Coordinator Email:		Intern Coordinator Phone:	
CEO/Director/President of Agency:		CEO/Director/President of Agency Email:	

INSURANCE

- Does the agency's general liability insurance cover students? Yes No
- If students are expected to transport clients in their personal vehicle, does the agency's automobile insurance cover them? Yes No

FUNDING SOURCE

- | | |
|---|--|
| <input type="checkbox"/> Public - Local Gov't | <input type="checkbox"/> Quasi public (tax supported, private board) |
| <input type="checkbox"/> Public -State Gov't | <input type="checkbox"/> Private for profit |
| <input type="checkbox"/> Public - Federal Gov't | <input type="checkbox"/> Private non-profit |
| <input type="checkbox"/> Public - Other _____ | <input type="checkbox"/> Title IV E Approved |
| <input type="checkbox"/> Americorps Approved | <input type="checkbox"/> Other _____ |

PERSONAL SAFETY

- Does the agency include personal safety training and student orientation? Yes No

IMMUNIZATIONS AND DRUG TESTING

- Does the agency require immunizations or other medical tests? Specify Yes No
- required tests _____
- Does the agency require drug testing? Yes No
(Be aware that if a student is rejected on the basis of this test, you must put this in writing.)
- If so, does the agency cover the cost? Yes No

BACKGROUND CHECK

- Does the agency require a background check? Yes No
- Does the agency cover the cost? Yes No

AGENCY DESCRIPTION - Please attach the agency's mission and vision statement for us to include on the placement listings website.

List all programs in the agency that can accommodate students. If the "program" and agency are the same, please list the agency name as program #1. A completed *Program Form* must be submitted for each listed program.

1.	
2.	
3.	
4.	
5.	
6.	
7.	

AGENCY'S MISSION AND VISION STATEMENT, VALUES, & OTHER COMMENTS / ADDITIONAL INFORMATION

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