Request to Initiate Partnership Form

## General Partnership Criteria

The following general partnership criteria applies to all off-campus academic learning partnerships with the California State University (CSU). Additional program criteria may apply and is indicated in the program section. Please review the criteria and complete the acknowledgment statement.

* Provide students with on-site orientation that includes, but is not limited to an overview of the organization's programs, policies, procedures and clients served; the service or work the student will be performing; placement expectations, including attire and professional conduct; specific training; and, information about any potential hazards or risks.
* Provide student supervision.
* Identify activities or work that may pose a health or safety risk. In the event that additional unforeseen risks become apparent, the organization must communicate in a timely manner all risk-related concerns to the CSU.
* Your organization may be required by California law or elect to obtain a student's fingerprints and submit them to the Department of Justice, and/or the Federal Bureau of Investigation, for a criminal background check. If required or elected, the organization is responsible to:
  + determine whether such fingerprinting is required;
  + inform students on how fingerprints will be obtained;
  + obtain criminal background clearance from the appropriate agency; and,
  + advise students regarding the cost of fingerprinting/background clearance and who will be responsible for covering that cost.

I acknowledge and agree to the partnership criteria outlined above: ☐ NO ☐ YES

## Organization Information

Name of Organization:

Please provide a brief description of your organization’s mission and purpose.

Sector (select one) Private/For-profit, Government, Nonprofit, Faith-Based

Organization Type:

Please indicate primary population/clientele your organization serves:

Indicate your organization's general focus area(s):

Share any additional information you'd like us to know about your organization (e.g. small business, woman owned, etc.)

Site Address:

General Telephone:

General Email:

Website:

LinkedIn:

Twitter

Instagram

Facebook

Normal Hours of Operation:

Does the organization offer evening and/or weekend hours? ☐ NO ☐ YES

Please indicate the hours available for your selection.

Indicate all languages you prefer students speak other than English:

What is the maximum number of students your site can accept at a given time?

## Contact Information

**Main Contact**

Main Contact Name:

Main Contact Address:

Main Contact Telephone:

Main Contact Email:

**Legal Contact**

Legal Contact Name

Legal Contact Address:

Legal Contact Telephone:

Legal Contact Email:

**Additional Site Contact**

Additional Site Contact Name

Additional Site Contact Address:

Additional Site Contact Telephone:

Additional Site Contact Email:

## Risk Management & Partnership Training

(1) Would the Organization be able and willing to complete a self-assessment of risks inherent to the students’ service environment associated with the organization and service sites (facility hazards, location concerns, client or personnel issues, etc.)? ☐ NO ☐ YES

(2) In the event that additional, unforeseen risks become apparent, the Organization must agree to timely communicate all risk-related concerns to the University. Please indicate the Organization’s acknowledgement of this requirement: ☐ Accept ☐ Decline

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Organization Representative Submitting this Application

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Application to Initiate

Campus-Community Partnership