



Community Service Agency Rubric

To be completed BY AGENCY and ONLY if you are completing SECTION B

Name of Agency _____

Please check which statement or statements best describe your organization/agency in each category. Provide documentation when indicated

							Comment
1	Non-Profit Status	501(c)3: documentation provided <input type="checkbox"/>	Applying for 501(c)3 <input type="checkbox"/>	PA non-profit org <input type="checkbox"/>	Does not have nonprofit status <input type="checkbox"/>		
2	Mission Statement	Yes - A mission statement has been developed and duly recorded <input type="checkbox"/>	No - no mission statement exists <input type="checkbox"/>				Please provide a copy of the mission statement
3	Supervision	Direct - Supervisor is on site at all times <input type="checkbox"/>	Indirect - Supervisor is on site some of the time <input type="checkbox"/>	None <input type="checkbox"/>			
4	Insurance	Fully insured - coverage above the levels of liability <input type="checkbox"/>	Liability coverage only <input type="checkbox"/>	No Insurance <input type="checkbox"/>			
5	Alcohol	None - this organization does not conduct events/activities where alcohol is served <input type="checkbox"/>	On occasion and at certain events/activities <input type="checkbox"/>	Present at 50% of events or activities hosted by our agency <input type="checkbox"/>	Present in 100% of our events and activities <input type="checkbox"/>		
6	Safety	No physical risk <input type="checkbox"/>	Some physical risk <input type="checkbox"/>	Probable exposure to physical risk <input type="checkbox"/>			
7	Child Labor Laws	Fully compliant <input type="checkbox"/>	Not in compliance <input type="checkbox"/>				
8	Training	Yes <input type="checkbox"/>	As necessary <input type="checkbox"/>	No training <input type="checkbox"/>			
9	Court Ordered Community Service	No court ordered community service volunteers <input type="checkbox"/>	Some use of court ordered volunteers <input type="checkbox"/>	Frequent use of court ordered community service volunteers <input type="checkbox"/>			
10	Criminal background checks Employees	FBI <input type="checkbox"/>	State Only <input type="checkbox"/>	No background check <input type="checkbox"/>			
11	Criminal background checks Volunteers	FBI <input type="checkbox"/>	State Only <input type="checkbox"/>	No background check <input type="checkbox"/>			
12	Pennsylvania Child Abuse Clearances	Employees Only <input type="checkbox"/>	Employees and volunteers <input type="checkbox"/>	No child abuse clearances <input type="checkbox"/>			

This form was completed by: _____ Title: _____ Date: _____

Revised July 2015