COMMUNITY AND PUBLIC SERVICE PROGRAM

New Organization Application

Organization Name__________________________________________________________

Address________________________________________________________________________

City/State/Zip ____________________________________________________________________

Phone______________________________ Fax _______________________

Contact person___________________________________________ Position___________________________

E-mail__________________________________________ (email will be used to send CPSP program related information)

Web site (if any) _________________________________________

Is your organization located on a bus route?  ___ yes   ___ no  If yes, what route number(s)?________________

Is your building accessible to people with disabilities? ____ yes  ____ no  If no, please explain the limitations that exist __________________________________________________________________________________

Does your agency carry liability insurance for volunteers? ____yes ____no

Type of organization : ___ non-profit  ___ government ___ University ___ Other: _______________________

Does your organization have an MSW on staff?_____If yes, would your organization like to be considered for an MSW student field placement site?__________

What is the purpose of your organization? ________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

What will the student(s) be doing? ___________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

How will the student(s) be supervised? __________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

How many students can your organization accommodate during a semester ? __________

How did you learn about our program?________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Would you like to be included in University-Community engagement discussion through a listserv?    ☐ Yes

Person completing this form (please print)                     Date
Please select areas of specialty on second page or reverse side.

Please check all that apply:

- ☐ ADVOCACY, SOCIAL JUSTICE, COMMUNITY ORGANIZING & DEVELOPMENT
- ☐ ANIMAL CARE
- ☐ ARTS: FINE & PERFORMING
- ☐ BUSINESS & MARKETING
- ☐ CHILD CARE & CHILDREN’S SERVICES
- ☐ COMMUNITY ORGANIZATIONS
- ☐ CRISIS
- ☐ DEVELOPMENTAL / COGNITIVE DISABILITIES
- ☐ DOMESTIC VIOLENCE
- ☐ DRUGS & ALCOHOL
- ☐ EMPLOYMENT SERVICES
- ☐ ENVIRONMENTAL & CONSERVATION
- ☐ FIRE / RESCUE
- ☐ GOVERNMENT & PUBLIC ADMINISTRATION
- ☐ HIV / AIDS
- ☐ HOUSING & HOMELESSNESS
- ☐ IMMIGRANT & REFUGEES
- ☐ LAW, CRIMINAL JUSTICE & MEDIATION
- ☐ LIBRARIES, MUSEUMS & CULTURAL CENTERS
- ☐ MEDICAL & DENTAL
  - ☐ Medical
  - ☐ Dental
  - ☐ Ophthalmology / Optometry
  - ☐ Other: _________________________
- ☐ MENTAL HEALTH
- ☐ MULTI MEDIA
- ☐ OUTREACH & COMMUNITY EDUCATION
- ☐ PHYSICAL DISABILITIES
- ☐ POLITICS & LOBBYING
- ☐ SENIOR SERVICES, NURSING HOMES & REHABILITATION SERVICES
- ☐ SPORTS AND RECREATION
- ☐ TUTORING, MENTORING & TEACHING
- ☐ YOUTH AND YOUTH SERVICES
  - ☐ Other: _________________________
  - ☐ Other: _________________________

Please return to:  Community and Public Service Program
  1400 Washington Ave., Social Sciences 112
  Albany, NY 12222

For more information:  Phone: 442-5683  FAX: 442-5684  Web site:  [http://www.albany.edu/cpsp](http://www.albany.edu/cpsp)