



Massachusetts Department of Transitional Assistance
Supplemental Nutrition Assistance Program
SNAP Community Service Program Questionnaire for Community Based Organizations

Organization Name _____

Address _____

Contact Person _____ Phone (____) _____

1. Is your organization a nonprofit with 501 (C) (3) or 501 (C) (4) status? Yes No

2. Are you interested in hosting community service participants in your organization? Yes No

If not, please share the reason(s) _____

3. What type(s) of opportunities do you have available at your organization? _____

4. Will community service participants need any specific skills or educational level to participate in the above opportunities? Yes No If so, please explain? _____

Will you give orientation and/or training to community service participants? Yes No

Are there any pre-screening requirements participants will need to complete prior to volunteering?

Yes No

If yes, please describe: _____

5. How many community service participants do you anticipate your organization could effectively place and for how long? Is this opportunity seasonal? Yes No

5. If these opportunities are current functions of your agency, who currently performs these functions?
 staff volunteers staff positions currently vacant combination other

Please explain _____

6. Can your agency host community service participants for up to 19 hours per month?
 Yes No

Are there a particular number of hours or days or set hours that you would prefer potential volunteers to be available to your organization? _____

7. Is it possible that this volunteer work could lead to an offer of for paid employment to community service participants? Yes No

8. Can you accommodate community service participants who do not speak English? Yes No

If so, what language(s) can you accommodate? _____

9. Is your facility accessible to persons with disabilities? Yes No

10. May we list your organization, contact information and a brief description of volunteer duties on our SNAP Path to Work website (<http://snappathtowork.org/>) so that potential volunteers may contact you directly? Yes No

If yes, please indicate the contact name and phone number that should be listed:

Additional information, comments, questions regarding your organization's participation in the SNAP Community Service Program (Attach additional sheets if more space is needed):

Please return this questionnaire to:

DTA, SNAP E&T Unit
600 Washington Street
Boston, MA 02111
Fax: (617) 348-5093