CENSE PETIT APALIN	Massachusetts Department of Transitional Assistance Supplemental Nutrition Assistance Program SNAP Community Service Program Questionnaire for Community Based Organizations
Or	ganization Name Date:
Ad	dress
Co	ntact Person Phone ()
1.	Is your organization a: nonprofit with 501 (C) (3) or 501 (C) (4) status? Yes No public organization 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?
	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
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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	
	<ul><li>6. Can your agency host community service participants for up to 17 hours per month?</li><li>Yes No</li></ul>	
	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 ( <u>http://snappathtowork.org/</u> ) so that potential volunteers may contact you directly?	
	If yes, please indicate the contact name and phone number that should be listed:	
	ditional information, comments, questions regarding your organization's participation in the SNAP mmunity Service Program (Attach additional sheets if more space is needed):	
Ple	ase return this questionnaire to:	
DT	A, SNAP E&T Unit	
600 Washington Street		

Boston, MA 02111 Fax: (617) 348-5093