

Community Service Agency Rubric

To be completed BY AGENCY

Name of Agency _____

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

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

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

Revised January 2022