

Agency Name: _____

Date: _____

Contact Name: _____

Phone: _____

Address: _____

**STUDENT
EMPLOYMENT
PROGRAM**
AT RIDER UNIVERSITY

Needs Assessment for FWS Community Service Program

1. _____ Nonprofit _____ For-profit
2. Agency Mission Statement and Description of Clients Served:

3. Agency Funding Sources (check all that apply)

_____ Federal

_____ State

_____ County/City

_____ Other, explain:

4. Agency's Fiscal Year: _____ to _____

5. Agency's Staffing (number of positions):

_____ Full time paid staff

_____ Part time paid staff

_____ Student Employees

_____ Volunteers

6. How many student jobs may be available at your agency during:

Summer 2021 _____

2021-2022 Academic Year _____

Summer 2022 _____

7. For each student job expected to be available as indicated in #6, provide the following information, attaching a separate job description for each position

- Job Title:
- Begin and End Dates _____ to _____
- Work Schedule – Days and Hours
- Maximum Total Hours per Week
- Description of Duties
- Qualifications and Experience (indicate preferred or required)

8. Has your agency hired students through the Federal Work Study Program in the past?

_____ Yes _____ No

If YES:

Number of students:

Dates employed:

Average length employed:

9. Additional Comments: