

Title V: Senior Community Service Employment Program

Name of Participant: _____

1. I understand that SCSEP is not permanent employment, but a subsidized work experience and training program. I understand I am a participant in SCSEP. I am not employed or working, but rather learning new skills at a Host Agency by performing work tasks. I understand that because I am enrolled in a training program, I am not eligible for unemployment benefits once I exit from SCSEP.
2. I agree to cooperate with SCSEP staff in developing a plan of action for my training and development. This cooperation will include completion of an assessment of my skills and interests, and completion of my Individual Employment Plan (IEP).
3. I agree to perform the activities listed on the Training Assignment Description to the best of my ability. I will inform SCSEP staff if am required to perform duties not in my Training Assignment Description.
4. I agree to attend all training, classes and other activities as required by SCSEP or by my training site. I understand that, if I am unable to attend any training or other activities, I will notify SCSEP staff in advance.
5. I agree to accept periodic transfers to new training sites so that I get additional experience and develop marketable skills.
6. Participants are required to have a training schedule that includes a minimum of 20 hours per week at a Host Agency to remain appropriate for SCSEP. A participant may request a reduced schedule due to extenuating circumstances such as a disabling condition or they are in jeopardy of losing benefits due to earning too much money per month
7. I understand that my enrollment in SCSEP and the number of hours I can train depends on the availability of funds. I understand that my hours could be reduced, or my position eliminated, due to lack of funds. I understand that enrollment is not guaranteed beyond the end of this grant period or the end of my IEP, whichever is sooner.
8. I understand that there is a limit to the length of time I may participate in SCSEP. Under normal circumstances, that is a maximum aggregate duration of 48 months. That limit is extended by 12 months for all participant who were enrolled in SCSEP as of March 1, 2020, and for all participants who enroll during the 12-month period from March 1 – February 28, 2021
9. I agree to complete and submit any reports and evaluations, which may be requested by SCSEP in a timely manner.
10. I agree to seek unsubsidized employment. I agree to register on [#N/A](#) and use this web page to search for jobs at least twice a month. I agree to go on all appropriate job interviews to which I am referred, or instructed to arrange, and I will report any job seeking activities to SCSEP as requested. When I am Job Ready, I agree to submit a job search log each month at the monthly Training & Employment meeting.
11. I understand that I cannot be employed in any way while I am participating in this training program. This includes but is not limited to full time employment, part time employment, self-employment and any job that provides regular income, such as baby sitting, playing the church organ once a week, mowing lawns, etc.
12. I understand that volunteering extra time at my training site without pay is prohibited and in violation of the U.S. Fair Labor Standards Act.
13. I have received a copy of the Orientation Handbook and have had the opportunity to review the handbook and ask questions.
14. I understand that I will be subject to all SCSEP rules and regulations, including the grievance procedures. I understand that violation of any of the above may result in disciplinary action:
 - a. First time: Verbal Warning and a Case Note in my file
 - b. Second time: Written Warning and a Case Note in my file
 - c. Third time: A Corrective Action
 - d. Fourth time: Possible Termination from the program

Serious violations could result in immediate termination from the program.

- 15. I understand that I have benefits as a result of participating in SCSEP Training:
 - a. I am covered by Worker's Compensation while training at my training site
 - b. I can receive \$40 toward the cost of a Physical Exam each year
- 16. I understand that I cannot drive as part of my training activities.
- 17. I hereby certify that the information I have provided during the application process is true and accurate to the best of my knowledge and belief. I understand that if I intentionally provide inaccurate information, I may be terminated from the SCSEP program and may be subject to legal penalties.

Participant Signature

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Date

SCSEP Staff

Date

SCSEP - MWRC: _____