



SCSEP

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

ORIENTATION VERIFICATION

PARTICIPANT

HOST AGENCY

Check each item of orientation provided.

The signed original should be kept in the participant's or host site's file.

PARTICIPANT NAME

PARTICIPANT ID

ORIENTATION PROVIDED BY

TITLE

TABLE OF CONTENTS

ORIENTATION CONTENT REQUIREMENTS

DATE TRAINING COMPLETED

PARTICIPANT SIGNATURE CONFIRMATION OF COMPLETION

GENERAL INFORMATION

- History & Structure of SCSEP and relationship to U.S. DOL
- Program Goals and Objectives of SCSEP
- Personnel Policy of SCSEP Agency
- Grievance Procedures

WORKING HOURS AND WAGES

- Hours of Work Experience/Training
- Pay Period & Preparation of

<p>Time Sheet</p> <ul style="list-style-type: none"> <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Make-up Time <input type="checkbox"/> Volunteer Hours 		
<p>FRINGE BENEFITS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Annual Physical <input type="checkbox"/> Rescheduling Missed Hours Due to Federal Holiday/Illness 		
<p>WRITTEN MATERIALS PROVIDED</p> <ul style="list-style-type: none"> <input type="checkbox"/> Enrollment Agreement <input type="checkbox"/> Training Assignment Description <input type="checkbox"/> Personnel Policies/Grievance <input type="checkbox"/> Procedures/Prohibited Political Activities or handbook containing the same 		
<p>HOST AGENCY/TRAINING SITE RESPONSIBILITIES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Job Search/Un-sub. Placement Assistance <input type="checkbox"/> Training & Advancement Opportunities <input type="checkbox"/> Supervision (On-Site) <input type="checkbox"/> Workplace Health & Safety <input type="checkbox"/> Liability / Insurance <input type="checkbox"/> Transportation <input type="checkbox"/> Nondiscriminatory Treatment <input type="checkbox"/> Supportive Services <input type="checkbox"/> Non-Federal, In-Kind Contribution and Other 		

<p>Reports</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nepotism <input type="checkbox"/> Maintenance of Effort <input type="checkbox"/> SCSEP Meetings 		
<p>PARTICIPANT RESPONSIBILITIES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Enrollment Agreement <input type="checkbox"/> Job Search <input type="checkbox"/> Individual Employment Plan <input type="checkbox"/> Training Site Transfers <input type="checkbox"/> Recertification and Annual Physical <input type="checkbox"/> Training Seminars/SCSEP Meetings <input type="checkbox"/> Work Standards <input type="checkbox"/> Safe Work Practices <input type="checkbox"/> Political / Religious Activities <input type="checkbox"/> Drug and Alcohol Policy <input type="checkbox"/> Follow-Up 		
<p>AGREEMENT</p> <p>I have been instructed in the above topics and given adequate opportunity to ask questions for clear understanding of all topics. I understand my role and responsibilities, as outlined in Form 84B, while in SCSEP and during my time spent at the host agency.</p> <p style="text-align: right;">_____ PARTICIPANT SIGNATURE</p> <p>_____ DATE</p>		
<p>COMMENTS:</p>		
<p>Date Last Updated</p>	<p>1/29/2021</p>	<p>By: YEG</p>