



NORTH CAROLINA
Senior Community Service Employment Program
Orientation/Re-Orientation Training Checklist

Name of persons/agency receiving orientation: _____

Orientation provided by: _____

Name of participant: _____

Orientation provided to: <input type="checkbox"/> Participant <input type="checkbox"/> Host Agency <input type="checkbox"/> Training Site Supervisor

Check each item of orientation provided. The signed original for each participant should be kept in the participant's file.

<p>General Information/ Responsibilities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> History & Structure of NC SCSEP & relationship to USDOL <input type="checkbox"/> Philosophy and Goals of SCSEP <input type="checkbox"/> SCSEP Policies/Participant Handbook <input type="checkbox"/> Eligibility Determination, Participant Selection <input type="checkbox"/> Host Agency Selection, Agreement <input type="checkbox"/> Participant Placement at HA Training Sites <input type="checkbox"/> Training Site Monitoring/Safety Monitoring <input type="checkbox"/> Participant Wages <input type="checkbox"/> Participant & HA Orientation <input type="checkbox"/> Job Search/Unsubsidized Placement Assistance <input type="checkbox"/> Supportive Services <input type="checkbox"/> Handling Complaints/Grievance Procedures <input type="checkbox"/> 48 month Durational Limits (average 27 months) <p>Community Service Assignment (CSA) Training:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Part-time paid work experience <input type="checkbox"/> Assist needed community services <input type="checkbox"/> New job skills to be learned on assignment <input type="checkbox"/> Training Assignment Description <input type="checkbox"/> Increase Employability <input type="checkbox"/> Assignment transfer/rotation <p>CSA Working Hours and Wages:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hours of Work Experience/Training <input type="checkbox"/> Pay Period & Preparation of Time Sheet <input type="checkbox"/> Leave Without Pay/Approved Break in Participation <input type="checkbox"/> Make-Up Time <input type="checkbox"/> No Volunteer Hours <input type="checkbox"/> _____ 	<p>Fringe Benefits:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Paid Holidays <input type="checkbox"/> FDIC (Social Security investment on earnings) <input type="checkbox"/> Workers Compensation Insurance (Accident Form – Report within 24 hrs.) <input type="checkbox"/> Annual Physical Exam offer <input type="checkbox"/> Personal development <input type="checkbox"/> Participants <u>not eligible</u> for unemployment benefits <input type="checkbox"/> _____ <p>Training Site Responsibilities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Supervision and training (on-site) <input type="checkbox"/> Participant Time Sheet certification <input type="checkbox"/> Training & Advancement Opportunities <input type="checkbox"/> Workplace Health & Safety/report accident within 24 hrs. <input type="checkbox"/> Liability/Insurance <input type="checkbox"/> Nondiscriminatory treatment <input type="checkbox"/> Non-Federal, In-kind Contribution and Other Reports <input type="checkbox"/> Nepotism disallowed <input type="checkbox"/> Maintenance of Effort <input type="checkbox"/> SCSEP Meetings <input type="checkbox"/> _____ <p>Participant Responsibilities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Enrollment Agreement/Participant's Responsibilities <input type="checkbox"/> Individual Employment Plan <input type="checkbox"/> Job Search <input type="checkbox"/> Accept Training Site Transfers/Rotation <input type="checkbox"/> Training Seminars/SCSEP Meetings <input type="checkbox"/> Work Standards <input type="checkbox"/> Safe Work Practices <input type="checkbox"/> Political/Religious Activities Prohibited <input type="checkbox"/> Drug and Alcohol Policy <input type="checkbox"/> _____
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I have been instructed in the above topics, and given adequate opportunity to ask questions for clear understanding of all topics.

Signature of person receiving orientation

Date

SCSEP Staff Signature

Date