



# NORTH CAROLINA

## Senior Community Service Employment Program Participant Enrollment Agreement

Name of Participant: \_\_\_\_\_

1. **I agree to seek unsubsidized employment.** 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. **I understand that failure to seek unsubsidized employment may result in my termination from the program.**
2. I understand that SCSEP is not permanent employment, but a subsidized work experience and training program designed to teach me new and marketable skills so that I may enter the job market.
3. 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*.
4. I agree to perform the assigned duties to the best of my ability. The assigned duties are those listed on a *Training Plan* which I will review and sign. I will inform SCSEP staff if *am* required to perform duties not in my *Training Plan*.
5. I agree to attend all training, classes and other activities as required by SCSEP or by my training site.
6. **I agree to accept periodic transfers to new training sites, if they help achieve my IEP goals** and enhance my marketable skills. I understand that I am in a work training program with SCSEP and do not work for the training site and SCSEP staff will facilitate in determining training assignments.
7. I understand that my enrollment in SCSEP, and the number of hours I can train at the community service assignment, 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.
9. I understand that I will be subject to all SCSEP rules and regulations, including the grievance procedures. **I understand that I can be terminated for cause.**
9. I agree to complete and submit any reports and evaluations which may be requested by SCSEP in a timely manner.
10. I understand that volunteering extra time at my training site without pay or compensatory time is prohibited and in violation of the U.S. Fair Labor Standards Act.

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11. I understand that I may receive a Customer Satisfaction Survey from the U.S. Dept. of Labor or its agents, and that I am expected to respond to the survey if I receive one.
12. I have received a copy of the Participant Handbook which includes the following items:
  - a. Grievance and termination policy
  - b. The Drug-Free Workplace Act of 1988
  - c. Permitted and Prohibited Political Activities
  - e. Americans with Disabilities Act
  - d. Privacy Statement
  - e. \_\_\_\_\_

13. Additional terms of enrollment, or exceptions to any of the above terms (if none, write none):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**14. I understand than violation of any of the above may result in disciplinary action, including termination from the program.**

\_\_\_\_\_  
*Participant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*SCSEP Staff Interviewer's Signature and Title*

\_\_\_\_\_  
*Date*