

WORKFORCE SERVICES

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

ORIENTATION VERIFICATION

PARTICIPANT NAME: _____

Date: _____

Host Site Supervisor: _____

DLR Staff: _____

INSTRUCTIONS

Participants and Host Site must be provided full orientation *after* a participant has been assigned to a community service position. The Department of Labor and Regulation (DLR) Employment Specialist must review, in detail, each element below with the Participant and Host Site Supervisor. The Employment Specialist, Participant, and Host Site Supervisor will all initial indicating the information was reviewed and questions answered. The participant and host agency must be provided a copy of this form and all supplemental documentation.

I have reviewed [SCSEP Eligibility Policy 5.80](#) and [SCSEP Policy 4.12](#).

Participants Initials: _____

Host Site Supervisor Initial: _____

Employment Specialist: _____

I have completed the Training Site Safety Checklist Form 85 B with the DLR Employment Specialist.

Participants Initials: _____

Host Site Supervisor Initial: _____

Employment Specialist: _____

AGREEMENT

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 Policy 1, Policy 2 and Policy 6.2.

PARTICIPANT SIGNATURE

DATE

HOST SITE SIGNATURE

DATE

DLR STAFF SIGNATURE

DATE