SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

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