

# WORKFORCE SERVICES

sdjobs.org

## SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM EXIT

Name: \_\_\_\_\_  
FIRST LAST

Mailing Address: \_\_\_\_\_  
STREET CITY  
STATE ZIP Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### EXIT INFORMATION

**Reason for program Exit** (select only one)

- Moved from Area     Voluntary     Income Ineligible     Deceased     Institutionalized
- For Cause     Family Care     Durational Limit     Health/Medical     Other

**Non-exit reasons for closing the record** (select only one)

- Withdrew application prior to assignment     Transferred to another project     Moved to another sub-grantee     Dual enrollment

Date of termination letter: \_\_\_\_/\_\_\_\_/\_\_\_\_      Date of exit or other closing: \_\_\_\_/\_\_\_\_/\_\_\_\_

### VOLUNTEER INFORMATION

Will you engage in volunteer work after participation:  Yes    No    Unknown

If yes, number of volunteer activities \_\_\_\_\_    Number of hours spent volunteering each week \_\_\_\_\_

Primary volunteer activity: \_\_\_\_\_

Activity conducted for:    Non-profit    Faith-based    Government    Informal

### DISCLAIMER AND SIGNATURE

I authorize DLR to collect information regarding my employment status and wages for a period of thirteen months from the date below. This information may be used solely for statistical purposes and may not be disclosed to anyone not connected with the Senior Community Service Employment Program (SCSEP) in a manner that is individually identifying.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE