



WORK FIRST EMPLOYMENT SERVICES Work Experience/ Community Service Agreement

Please indicate the type of agreement: ___ Work Experience ___ Community Service.

This is a Work Experience/Community Service agreement between _____
_____ and the _____ Social Services/ Human Services
Agency to provide a Work Experience/ Community Service opportunity for Work First Program
participants.

Sponsor Responsibilities

To support the Work Experience/Community Service opportunity, _____
agrees to:

- Provide a well-supervised, supportive environment that allows the participant to learn skills and gain an employment history;
- Provide a mandatory safety orientation prior to each participant's start date. The orientation should include a review of worksite safety policies, rules and procedures;
- Furnish any training or supervision and any reasonable supplies, equipment, and materials necessary to accomplish the tasks assigned to participants;
- Prepare and forward no less than monthly to the local social services/ human services agency the hours each participant spent in Work Experience/ Community Service and a review of their performance;
- Grant the participant time-off to interview for a job;
- Not discriminate against a participant based upon race, color, sex, national origin, religion, age, disability or political beliefs;
- Keep confidential any information about the participant which is shared by the county social services/ human services agency or the participant. Such information will only be shared among the Sponsor's staff who have a legitimate "need to know" to provide a productive placement;
- Not to fill an established vacancy with a Work Experience/ Community Service participant;
- Not to displace persons who are currently employed or cause their hours, wages, or employment benefits to be reduced due to the placement of a Work Experience/ Community Service participant;
- Not to allow the placement of the participants to infringe in any way with the promotional opportunities of current employees;
- Inform regular employees that a grievance procedure is available for individuals who believe that placement of a Work Experience/ Community Service participant resulted in their displacement;

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Economic and Family Services

The North Carolina Division of Social Services does not discriminate against any person on the basis of race, color, national origin, disability, sex, religion or age in the admission, treatment, or participation in its programs, services and activities, or in employment.

- Provide a current and accurate job description to the local agency for each **Work Experience** position. This description must include: work duties and expectations, work schedule, expected training outcomes, and the method of supervision;
This does not apply to Community Service participants.
- Immediately report any accident or injury that involves the participant;
- Ensure that work performed by the participant does not involve a political activity or work for any political party; and
- Notify the local agency of any available Work Experience/Community Service slot.

Local Social Services/ Human Services Agency

To support the Work Experience/ Community Service opportunity, the _____ Social Services/ Human Services Agency agrees to:

- Provide consultation and technical assistance, as requested, to the Sponsor to assure a productive assignment;
- Be available to the Sponsor to assist with any problems regarding the participant or in any provision of the assignment and placement;
- Refer, if available, the agreed upon number of participants to the Sponsor for the Work Experience/Community Service slot furnished by the Sponsor. Participants referred will, to the extent possible, be qualified to accomplish or have the potential to accomplish the task specified by the Sponsor;
- Furnish a form upon which the Sponsor will record time spent by the participant in Work Experience/ Community Service;
- Ensure that medical and accident insurance coverage is available for all Work Experience/ Community Service participants, like that provided under Workers Compensation; and
- Ensure all work site sponsors are aware and have a copy of the Provider Network (English and Spanish) in the event of worksite injury.

This agreement remains in force until terminated, in writing, by either party.

Signature and Title of the Sponsor

Date

Signature and Title of Local Agency Representative

Date