

# NORTH CAROLINA

## SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

### TRAINING PLAN

Participant's Name: \_\_\_\_\_

Training Position Title: \_\_\_\_\_

Supervised By: \_\_\_\_\_

Print or Type Name

Specific Skills/Duties To Be Learned (**Attached Job Descriptions;"other duties as assigned" are not acceptable**)

**The Training Site shall not allow a Participant to drive or ride in ANY vehicle during SCSEP training hours without prior approval and acknowledgement of assurances in the signed Host Agency Agreement.**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_

Training Wage Rate: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_

Training Start Date: \_\_\_\_\_

Training Schedule: S \_\_\_\_\_

M \_\_\_\_\_

T \_\_\_\_\_

W \_\_\_\_\_

T \_\_\_\_\_

F \_\_\_\_\_

S \_\_\_\_\_

There is no reason, physical or mental, which prevents me from performing the skills/duties and responsibilities required for this training position. I have read the training plan, have been given a copy and acknowledge the skills/duties and tasks described. I understand that I will report to the training site location on the above state date.

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Training Site Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

SCSEP Staff Signature: \_\_\_\_\_

Date \_\_\_\_\_

#### TRAINING SITE INFORMATION

Site Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### COMMENTS:

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