



## COMMUNITY SERVICE AGREEMENT (Non-Profit only)

THIS AGREEMENT is entered between CareerSource Pinellas centers, hereinafter referred to as "CareerSource Pinellas," and

**Non-Profit Agency Name:** \_\_\_\_\_

**Agency Contact Name:** \_\_\_\_\_

Please check:  501(c)(3) Non-Profit Agency     Charitable organization (listed on IRS.gov)  
 Other, please explain: \_\_\_\_\_

Here in after referred to as the "provider."

### I. The Provider Agrees:

- A. To develop and provide agency work sites designed to provide Welfare Transition/Supplemental Nutrition Assistance Program (SNAP) participants referred by CareerSource Pinellas with a non-paid, job training experience.
  - 1. The provider shall not disclose the Welfare Transition/SNAP participants' status as a recipient of public assistance to anyone other than personnel authorized by CareerSource Pinellas or provider.
- B. Services to be Provided
  - 1. The provider will develop a Training Outline (Attachment I) and provide Community Service Program training to Welfare Transition/SNAP participants so as to enable them to obtain the knowledge and skills essential to an adequate level of performance of the job in accordance with the approved Training Outline.
  - 2. Progress Reports and Notification – The provider will notify CareerSource Pinellas in writing of the status of Welfare Transition/SNAP participants when one or more of the following situations occur:
    - a. The individual has failed to attend the initial interview, refused a suitable work site training program.
    - b. The individual was not accepted for participation in the community work experience training program.
    - c. The individual has experienced continued absenteeism, sickness, or other problems that may arise.
    - d. The individual terminated training and either,
      - (1) secured unsubsidized employment, or
      - (2) is no longer in training.

### Manner of Service Provision

- 1. The Training Outline must be prior approved by CareerSource Pinellas for each Welfare Transition/SNAP participant.

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2. The provider must provide the necessary instructions, supervision and equipment necessary to train the trainee.
3. The provider will submit the completed Community Service Attendance Sheet weekly. (Attachment II)

### C. Special Provisions

1. The provider shall teach the Welfare Transition/SNAP participants the skills necessary for entry level work in the designated job title.
2. No individual may participate in Community Service Programs funded by CareerSource Pinellas unless CareerSource Pinellas officially refers the individual to the provider in accordance with this agreement.
3. The trainee(s) under this agreement or any amendment hereto is to be provided with the same working conditions accorded to other employees presently in the Provider's work force. Workers' compensation, but not benefits, will be provided as stated in section II. C.
4. No currently employed worker shall be displaced by a trainee. This includes partial displacement such as reduction in the hours of non-overtime work, wages or employment benefits.
5. No trainee shall be hired into or remain working in any position when the same or substantially equivalent position is vacant due to a hiring freeze or when any regular employee is on lay-off from the same or substantially equivalent position or when the regular employee has been bumped and has recall or bumping rights to that position pursuant to the provider's personnel policy or collective bargaining agreement. Work Site will inform employees of the ability to file grievance if displaced.

## II. CareerSource Pinellas Agrees:

- A. CareerSource Pinellas shall refer eligible Welfare Transition/SNAP participants to the provider for consideration in employment in a community service work program component.
- B. CareerSource Pinellas shall provide child care, transportation, and other work-related expenses as needed by the trainee to the extent funds are available, and the expense is authorized by law or regulation.
- C. The Department of Labor and Employment Security will provide State Worker's Compensation liability and/or claims coverage for all trainees who are Welfare Transition/Food Stamp Community Service Program participants during assigned hours.

## III. The Provider and CareerSource Pinellas Agree:

- A. Effective Date:  
This agreement shall begin on \_\_\_\_\_ or the date on which this agreement has been signed by both parties, whichever is later.
- B. Termination:
  1. Termination for convenience
    - a. This agreement may be terminated by either party upon no less than thirty (30) days notice, without cause.



C. Notice and Contacts:

- 1. The names and addresses of the CareerSource Pinellas representatives for this agreement are: Address:

CareerSource Pinellas
Attention: Morgan Miele
3420 8th Avenue South
St. Petersburg, FL 33711

Telephone: (727) 608-2555
Fax: (727) 608-2320

- 2. The name and address of the representative for the Provider responsible for the administration of the program under this agreement is:

Two horizontal lines for signature and address.

- 3. In the event different representatives are designated by either party after execution of this agreement, notice of the name and address of the new representative will be rendered in writing to the other party and said notification attached to originals of this agreement.

This agreement and its attachments are referred, (Attachment I and Attachment II), contain all the terms and conditions agreed upon by these parties.

IN WITNESS THEREOF, the parties thereto have caused this \_\_\_\_\_ page agreement to be executed by their undersigned officials as duly authorized.

Non-Profit Agency Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Please define the Benefit to the community: \_\_\_\_\_

Horizontal line for benefit definition.

**CareerSource Pinellas**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

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# COMMUNITY SERVICE JOB DESCRIPTION/TRAINING OUTLINE

(Non-Profit Only)

## Provider Information (to be completed by the provider)

Please check:  501(c)(3) Non-Profit Agency  Charitable organization (listed on IRS.gov)  
 Other, please explain: \_\_\_\_\_

**Community Service Job Title/ Position:** \_\_\_\_\_  
*\*\*\*If the agency has more than one Job title/position for customers to assist in, please complete additional Job description training outlines. One for each Job title/Position requested.*

Number of positions available for the Job Title above: \_\_\_\_\_  
Agency Name: \_\_\_\_\_  
Agency Address: \_\_\_\_\_  
Agency's contact Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Representative who will be signing the time sheets weekly:

\_\_\_\_\_  
Print name Signature Job Title

If additional staff will be signing, please add all names: (Please list all agency staff who will sign off on time sheets)

\_\_\_\_\_  
Print name Signature Job Title

\_\_\_\_\_  
Print name Signature Job Title

\_\_\_\_\_  
Print name Signature Job Title

This job description/training outline runs from \_\_\_\_\_ to \_\_\_\_\_ (12 months maximum)

Days open (please check): Sun  Mon  Tues  Wed  Thurs  Fri  Sat

Hours open: Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Weds \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

List the job duties (or attach a job description) for the Job Title listed above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Customer information (to be completed by a CareerSource Pinellas representative)

Customer Name: \_\_\_\_\_ Case #: \_\_\_\_\_

Customers start date: \_\_\_\_\_ Anticipated End date: \_\_\_\_\_

## Signatures:

CareerSource Pinellas staff: \_\_\_\_\_ Date: \_\_\_\_\_

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# Community Service/ Work Experience

## Attendance Sheet

Customer Name: \_\_\_\_\_

\*Last Four Digits of SSN: \*\*\*\_\*\*-\_\_\_\_\_

Agency Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Customer is assigned to \_\_\_\_\_ number of hours per month. Not to exceed this amount.

This calculates into the following number of hours per week:

Week 1	Week 2	Week 3	Week 4	Week 5
Monday _____	Monday _____	Monday _____	Monday _____	Monday _____
Hours: _____	Hours: _____	Hours: _____	Hours: _____	Hours: _____

Career Counselor: \_\_\_\_\_

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

Please fax completed time sheets to: (727) 608-2320

**\*\*\*This attendance sheet must be submitted Fridays by 5:00pm\*\*\***

### To be completed by the Agency Supervisor:

This attendance time sheet is being completed for Monday \_\_\_\_/\_\_\_\_/\_\_\_\_ to Sunday \_\_\_\_/\_\_\_\_/\_\_\_\_

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Total
Hours Worked								

#### **Customers progress** ( Please check all that apply):

- Appropriately Dressed  
  Arriving On Time  
  Good attendance  
  Excellent Customer Service  
  Positive Attitude  
 Creative  
  Accepts Responsibility  
  Approachable  
  Flexible  
  Works Independently  
  Trustworthy  
 Excessive absences  
  Arriving late  
  Behavior issues  
  Inappropriately dressed  
  Requesting conference with staff.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_ / / \_\_\_\_\_ Date \_\_\_\_\_ Office Phone \_\_\_\_\_