



DENVER
THE MILE HIGH CITY

John W. Hickenlooper
Mayor

Office of Economic Development Division of Workforce Development Security and Confidentiality Agreement

Security and confidentiality are a concern of all citizens and employees of the City and County of Denver. Information from various sources is maintained on computer equipment and in records located at the Denver Department of Human Services (DDHS). Each person having access to any of this information, or the software programs involved in the data update or access process, holds a position of trust and must recognize their responsibility and duty to preserve the security and confidentiality of information. Therefore, DDHS adopts the following Code of Responsibility:

Any DDHS employee, vendor representative, and all other authorized individuals having access to DDHS records, computer equipment or software, or any computerized information shall not:

1. Knowingly cause or allow the addition, modification, destruction, or deletion of any records or computerized information or software, except in the course of performing their work and only with the prior authorization of their supervisor; and in the case of individuals not employed by the DDHS, only with the prior authorization of DDHS management. (However, if the destruction of records or computerized information is authorized, such records or information shall be disposed of in accordance with the procedures established by DDHS).
2. Operate, request or authorize others to use any department resource for personal or financial gain.
3. Make unauthorized use of or permit unauthorized access to such records, equipment, software, or information. **Badges authorized shall not be used for personal gain.**
4. Use or knowingly permit the use of information obtained from DDHS for any purpose other than accomplishing their work for or with the DDHS.
5. Exhibit or divulge the contents of any record or any computer equipment to obtain any computerized information except in the course of their work for or with the DDHS.
6. Operate, request or authorize others to operate any computer equipment to obtain any computerized information for personal or non-job related purposes.
7. Duplicate, delete, or modify any proprietary software or related documentation without prior written vendor and DDHS Management authorization.
8. Reproduce any materiel bearing copyright restrictions without prior written permission from the publisher and authorization from DDHS Management.
9. All employees are encouraged to report any suspected violations to their supervisors. Failure (if he/she is a supervisor), to report any violation of this Code of Responsibility by anyone as soon as it comes to his/her attention.

Violation of this code by any City employee may result in disciplinary action in accordance with the CSA/Merit System rule and regulations. Violations by vendors or contractual personnel may result in denial of access to City computer equipment and/or legal action. In addition, a violation of this Code may result in criminal prosecution for the violation of all applicable criminal statutes.

I have read and I understand the Denver Department of Human Services Code of responsibility for Security and Confidentiality of Data.

Print Employee's Name: _____ Soc Sec No: _____

Employee's Signature: _____ Date Signed: _____

Supervisor's/Witness Signature: _____ Date Signed: _____



Applicant Profile / Employment Screen
Office: (303) 692-8050 Fax: (303) 692-8511

CLIENT INFORMATION

Company: _____ Client #: _____
Individual Requesting Search: _____ Phone: _____ Fax: _____

APPLICANT Complete the following information as accurately as possible. (Please Print Clearly.)

Last: _____ First: _____ MI: _____
SSN: _____ D.L. #: _____ State: _____
Birth date: _____ Sex: _____ Race: _____ Phone: _____
Professional License Type: _____ State: _____ Lic #: _____ Expiration Date: _____
Previous names (maiden / marriage etc.): _____ Date Changed: _____
(Attach additional sheet, if necessary.) _____ Date Changed: _____

Addresses: (List past seven years beginning with your current address. Include street, city, state, zip code, county and dates of residence. Attach additional sheet, if necessary.)

- 1. _____ County: _____ Dates: _____
2. _____ County: _____ Dates: _____

How long has applicant lived in state? _____

Have you ever been convicted of a crime, excluding minor traffic violations? Yes No. If yes, please list all crimes, including but not limited to, Felonies and Misdemeanors: _____

I authorize TruDiligence to prepare a consumer report on myself for the purpose of employment screening. Additionally, I authorize all references, corporations, schools, employers, credit bureaus, licensing boards, government and law enforcement agencies or any other entity deemed necessary to release any information TruDiligence may require in connection with this investigation. I understand that these files may contain negative information about my background, mode of living, character and personal reputation; therefore I agree to hold harmless TruDiligence and any agent acting on its behalf, from any and all liability arising through the investigation of my background. I understand that my date of birth is used solely as an identifier to avoid possible misidentification while completing the background check process. I further authorize that a photocopy of this authorization may serve as an original.

Signature: _____ Date: _____

OFFICE USE ONLY

Please indicate the services to be performed on this applicant.

- Social Security Number Trace Employment Verification Drivers History
Statewide Arrest Record** Education Verification Credit Report
County Level Court Record Reference Check OIG/GSA Exclusion
Sex Offender Registry Professional License Verification Workers' Comp. Claims **

** Indicates a separate release form may be required. Call your account representative for details.

**COLORADO WORKS INDIVIDUAL RESPONSIBILITY CONTRACT (IRC) ADDENDUM
EMPLOYMENT AND TRAINING ACTION PLAN**

Case Manager: _____

Name	State ID #	Social Security Number	Telephone Number

Employment Goal: Fulltime employment _____

Participants are expected to follow all rules of attendance and CBT/Workpool policies, failure to do so may result in termination from this track.

PLACEMENT INFORMATION:

- Agency _____
- Address _____
- Supervisor _____
- Telephone _____

HOURS: Scheduled: _____ **IRC:** _____ **Minimum:** _____

(1) The Community Service/Job Search track will run from: Start date _____ End date _____
Reason for end date _____

(2) Participate in the following TANF activities based on assessment:

Activity	Schedule

*****You must return the white copy of the CBT/Workpool agreement signed by you and the site supervisor to your Community Service/Job Search Workforce Advisor by _____.**

(3) Communicate to Community Service/Job Search Employee Specialists and/or TANF worker about any issues, concerns, and problems.

(4) Participate in problem solving, scheduled joint staffing and revision of your action plan when necessary.

(5) Participants must be on time to work-sites and all appointments.

100% attendance is expected.

Failure to call or show for appointment or any assigned activity may result in termination.

Three unexcused (and/or with out good cause) missed days from assigned activity may result in termination.

Appropriate attire for work required

Any adverse or inappropriate behavior at assigned work site may result in termination.

(6) It is your responsibility to fax your weekly time sheet by Friday at 4:00 p.m. to your Workforce Advisor at 720 944-2752.

(7) It is your responsibility to complete your verified monthly contact sheet and submit it to your Case Manager by the 7th of each month

(8) I have received and read the TANF participate handbook.

(9) Additional comments/requirements:

(10) Report any changes in your IRC requirements or new activity.

The above requirements have been explained to me. I understand the requirements and agree to participate in all activities as identified. I understand that if I do not complete the activities indicated then I may be ineligible to receive Colorado Works Basic Cash Assistance. Failure to comply with this Action Plan will be reported to my TANF Case Manager and may result in sanctions, including termination from TANF cash assistance.

Participant Signature: _____ Date: _____

Workforce Advisor: _____ Date: _____



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CBT/Workpool AGREEMENT

I, _____ agree to the following participation policy for the Community Service program.

I understand that if I miss two consecutive days or three days in a month I will be required to attend a joint staffing with my TANF program case manager and Workforce Advisor. I also understand that I may be terminated from this activity and my TANF benefits may be sanctioned from TANF.

I understand I may be removed from a community service site due to my performance or behavior resulting in a joint staffing to determine the consequences and the next step in the action plan.

I understand that violent or aggressive behavior will be cause for immediate removal from the placement and may result in a staffing to determine consequences and action plan.

I will communicate any problems or issues that affect my ability to participate to my Workforce Advisor and will participate in the resolution of these issues and revision of my action plan.

I will agree to the following Work Conduct guidelines:

- I will be on time to work site and all appointments.
- I will attend 100% of my scheduled hours.
- I will notify my community service site supervisor and Workforce Advisor of any absence within two hours of my scheduled start time.
- I understand that failure to call or show for assigned activity may result in immediate termination.
- I will dress appropriately for work as specified by my site supervisor.
- I understand that inappropriate or recurrence disruptive behavior at a worksite may result in termination.
- I will fax my weekly time sheet to my Workforce Advisor by 4:00 p.m. every Friday.
- I will provide valid documentation for all absences and I will make up all missed hours
- I will perform the duties and jobs I am given to the best of my ability and ask for help as needed
- 3 Unexcused absences or a no show may result in termination from the program

I will follow all scheduled activities and program hours as outlined in my Community Service Action Plan.

I will be required to make up all missed hours, excused or not with homework, special projects, or additional community service hours as specified in the Community Service Addendum. These make-up hours will be due by the end of the week or the month, whichever comes first.

Failure to comply with these agreed upon responsibilities will be reported to my TANF case manager immediately and may result in a sanction or denial of your TANF benefits.

Customer Signature/Date

Workforce Advisor/Date

**OFFICE OF ECONOMIC DEVELOPMENT/DIVISION OF WORKFORCE DEVELOPMENT
COMMUNITY BASED TRAINING PROGRAM ASSIGNMENT AGREEMENT**

The purpose of this Agreement is to establish a structured Community Based Training assignment which will enable participants to develop and/or utilize skills which will prepare them to engage in work, work activities or work-related activities, while at the same time utilizing these skills in order to provide positive services to their community.

COMMUNITY BASED TRAINING PARTICIPANT

Occupation: Legal Secretaries (43-6012.00)

Skills associated with the above occupation include: **Customer and Administrative Service** — Knowledge of principles and processes for providing customer and administrative support services. This includes filing, computer knowledge, and knowledge of office equipment. **Clerical** — Knowledge of administrative and clerical procedures and systems such as word processing, managing files and records, stenography and transcription, designing forms, and other office procedures and terminology. **Law and Government** --- Knowledge of laws, legal codes, court procedures, agency rules and the democratic process. **Active Listening** — Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times. **Management** — Managing one's own time. **Active Learning** — Understanding the implication of new information for both current and future problem solving and decision making.

Please check tasks associated with the above skills that participant will observe, develop, or utilize in C.B.T.

- | | | |
|---|--|--|
| <input type="checkbox"/> Performing day-to-day administrative tasks such as maintaining information files and processing paperwork, and providing support to office staff | <input type="checkbox"/> Providing information to supervisors, coworkers or customers by telephone, in written form, email or in person. | <input type="checkbox"/> Entering, transcribing, recording, storing, or maintaining information. |
| <input type="checkbox"/> Using computers systems to set up functions, enter data, or process information. | <input type="checkbox"/> Observing, receiving and obtaining information from all relevant sources while compiling, categorizing, or verifying information or data. | <input type="checkbox"/> Perform a variety of duties as requested by staff or customers. |
| <input type="checkbox"/> Using office equipment such as phones, fax and copy machines. | <input type="checkbox"/> Developing specific goals and plans to prioritize, organize, and to accomplish work. | <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> Other: _____ |

Total hours of participation per month: _____ Start Date: _____ End Date: _____

Schedule of days and hours: _____

As a Community Based Training Participant I agree to:

1. Observe the working hours and work rules as established by the Community Based Training Agency and the OED/DWD Program Action Plan and the Individual Responsibility Contract (IRC).
2. Follow all policies as outlined in the Customer Responsibilities Agreement and the Action Plan.
3. I will make up missed hours, excused or not with homework, special projects or additional community service hours.

COMMUNITY BASED TRAINING AGENCY

As a Community Based Training Agency we agree to:

1. Provide a Community Based Training assignment that will offer the Participant an opportunity to develop and/or utilize the above skills.
2. Provide the Participant with adequate training, monitoring and supervision.
3. Communicate with Participant and Workforce Advisor regarding progress, issues and concerns.
4. Not engage the Participant in activities that will benefit a private employer, self-employer or other for-profit business.
5. Not utilize Participant to replace a regular employee.
6. Comply with Agency Community Based Training Responsibilities Agreement.

OFFICE OF ECONOMIC DEVELOPMENT-DIVISION OF WORKFORCE DEVELOPMENT

The Workforce Advisor (or contractor) agrees to:

1. Communicate with Participant about progress, issues and concerns.
2. Communicate with Agency and Site Supervisor about progress, issues and concerns.

This agreement is entered into between the Community Based Training Participant, the Community Based Training Site Agency, and the Office of Economic Development; Division of Workforce Development. We agree to the terms of this agreement as outlined above:

_____	_____	_____	_____
Participant Name	Phone	Participant Signature	Date
_____	_____	_____	_____
Agency Name		Address	
_____	_____	_____	_____
Site Supervisor	Phone	Authorized Agency Signature	Date
_____	_____	_____	_____
Workforce Advisor or Contractor	Phone	Workforce Advisor/Contractor Signature	Date

**OFFICE OF ECONOMIC DEVELOPMENT/DIVISION OF WORKFORCE DEVELOPMENT
COMMUNITY BASED TRAINING PROGRAM ASSIGNMENT AGREEMENT**

The purpose of this Agreement is to establish a structured Community Based Training assignment which will enable participants to develop and/or utilize skills which will prepare them to engage in work, work activities or work-related activities, while at the same time utilizing these skills in order to provide positive services to their community.

COMMUNITY BASED TRAINING PARTICIPANT

Occupation: Construction Laborers (47-2061.00)

Skills associated with the above occupation include: Performing General Physical Activities — Performing physical activities that require considerable use of your arms and legs and moving your whole body, such as climbing, lifting, balancing, walking, stooping, and handling of materials. **Handling and Moving Objects** — Using hands and arms in handling, installing, positioning, and moving materials, and manipulating things.

Please check tasks associated with the above skills that participant will observe, develop, or utilize in C.B.T.

- | | | |
|--|---|---|
| <input type="checkbox"/> Apply caulking compounds by hand or using caulking guns.
<input type="checkbox"/> Build and position forms for pouring concrete, and dismantle forms after use, using saws, hammers, nails, or bolts.
<input type="checkbox"/> Clean and prepare construction sites to eliminate possible hazards.
<input type="checkbox"/> Control traffic passing near in around work zones.
<input type="checkbox"/> Dig ditches or trenches, backfill excavations, and compact and level earth to grade specifications, using picks, shovels, pneumatic tampers, and rakes. | <input type="checkbox"/> Erect and disassemble scaffolding, shoring, braces, traffic barricades, ramp, and other temporary structures.
<input type="checkbox"/> Grind, scrap, sand, or polish surfaces such as concrete, marble, terrazzo, or wood flooring, using abrasive tools or machines.
<input type="checkbox"/> Install sewer, water, and storm drain pipes, using pipe-laying machinery and laser guidance equipment.
<input type="checkbox"/> Load, unload, and identify building materials, machinery, and tools, and | distribute them to the appropriate locations.
<input type="checkbox"/> Measure, mark, and record openings and distances to lay out areas where construction work will be performed.
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ |
|--|---|---|
- Total hours of participation per month: _____ Start Date: _____ End Date: _____
 Schedule of days and hours: _____

As a Community Based Training Participant I agree to:

- Observe the working hours and work rules as established by the Community Based Training Agency and the OED/DWD Program Action Plan and the Individual Responsibility Contract (IRC).
- Follow all policies as outlined in the Customer Responsibilities Agreement and the Action Plan.
- I will make up missed hours, excused or not with homework, special projects or additional community service hours.

COMMUNITY BASED TRAINING AGENCY

As a Community Based Training Agency we agree to:

- Provide a Community Based Training assignment that will offer the Participant an opportunity to develop and/or utilize the above skills.
- Provide the Participant with adequate training, monitoring and supervision.
- Communicate with Participant and Workforce Advisor regarding progress, issues and concerns.
- Not engage the Participant in activities that will benefit a private employer, self-employer or other for-profit business.
- Not utilize Participant to replace a regular employee.
- Comply with Agency Community Based Training Responsibilities Agreement.

OFFICE OF ECONOMIC DEVELOPMENT-DIVISION OF WORKFORCE DEVELOPMENT

The Workforce Advisor (or contractor) agrees to:

- Communicate with Participant about progress, issues and concerns.
- Communicate with Agency and Site Supervisor about progress, issues and concerns.

This agreement is entered into between the Community Based Training Participant, the Community Based Training Site Agency, and the Office of Economic Development; Division of Workforce Development. We agree to the terms of this agreement as outlined above:

_____	_____	_____	_____
Participant Name	Phone	Participant Signature	Date
_____	_____	_____	_____
Agency Name		Address	
_____	_____	_____	_____
Site Supervisor	Phone	Authorized Agency Signature	Date
_____	_____	_____	_____
Workforce Advisor or Contractor	Phone	Workforce Advisor/Contractor Signature	Date

**OFFICE OF ECONOMIC DEVELOPMENT/DIVISION OF WORKFORCE DEVELOPMENT
COMMUNITY BASED TRAINING PROGRAM ASSIGNMENT AGREEMENT**

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COMMUNITY BASED TRAINING PARTICIPANT

Occupation: Groundskeeper (37-3011.00)

Skills associated with the above occupation include: **Arm-Hand Steadiness**—The ability to keep your hand and arm steady while moving your arm or while holding your arm and hand in one position. **Multi- limb coordination** —the ability to coordinate two or more limbs while sitting, standing or lying down. It does not involve performing the activities while the whole body is in motion. **Control Precision**, - the ability to quickly and repeatedly adjust the controls of a machine or vehicle to exact positions **Manual Dexterity** – The ability to quickly move your hand, your hand together with you’re your arm, or your two hands to grasp, manipulate or assemble objects. **Near Vision** – the ability to see details at close range. (Within a few feet). **Oral Comprehension** – the ability to listen to and understand information and ideas presented through spoken words and sentences. **Static Strength** – The ability to exert maximum muscles force to lift, push pull or carry objects. **Extent Flexibility** – The Ability to bend, stretch, twist or reach with your body, arms and or legs. **Speech Recognition** - the ability to identify and understand the speech of another person. **Oral Expression**- The ability to communicate information and ideas in speaking so others will understand.

Please check tasks associated with the above skills that participant will observe, develop, or utilize in C.B.T

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Performs daily inspections of exterior grounds of the facility(s) to ensure that curb appeal and condition of the grounds and building exterior are maintained in optimal condition. <input type="checkbox"/> Performs all lawn care, flowerbed preparation and maintenance, weed control, and exterior building beautification projects as directed. <input type="checkbox"/> maintains all lawn and snow removal equipment in optimal condition to ensure stewardship of time and financial resources for the department. | <ul style="list-style-type: none"> <input type="checkbox"/> Operate powered equipment such as mowers, tractors, snow blowers, chain saws, electric clippers. Mow and edge lawns using power tool movers and edgers. Prune and trim trees, shrubs and hedges using shears, pruners or chain saws. <input type="checkbox"/> Care for established lawns by mulching, aerating, weeding, and removing thatch, and trimming and edging around flower beds, walks and walls. Use hand tools such as shovels, rakes, and pruning saws. | <ul style="list-style-type: none"> <input type="checkbox"/> Shovel snow from walks, driveways and parking lots and spread de-icer in those areas. Gather and remove litter. <input type="checkbox"/> Mix and spray or spread Fertilizers, herbicides, insecticides onto grass, shrubs and trees using hand or automatic sprayers or spreaders. <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ |
|--|---|---|

Total hours of participation per month: _____ Start Date: _____ End Date: _____
 Schedule of days and hours: _____

As a Community Based Training Participant I agree to:

1. Observe the working hours and work rules as established by the Community Based Training Agency and the OED/DWD Program Action Plan and the Individual Responsibility Contract (IRC).
2. Follow all policies as outlined in the Customer Responsibilities Agreement and the Action Plan.
3. I will make up missed hours, excused or not with homework, special projects or additional community service hours.

COMMUNITY BASED TRAINING AGENCY

As a Community Based Training Agency we agree to:

1. Provide a Community Based Training assignment that will offer the Participant an opportunity to develop and/or utilize the above skills.
2. Provide the Participant with adequate training, monitoring and supervision.
3. Communicate with Participant and Workforce Advisor regarding progress, issues and concerns.
4. Not engage the Participant in activities that will benefit a private employer, self-employer or other for-profit business.
5. Not utilize Participant to replace a regular employee.
6. Comply with Agency Community Based Training Responsibilities Agreement.

OFFICE OF ECONOMIC DEVELOPMENT-DIVISION OF WORKFORCE DEVELOPMENT

The Workforce Advisor (or contractor) agrees to:

1. Communicate with Participant about progress, issues and concerns.
2. Communicate with Agency and Site Supervisor about progress, issues and concerns.

This agreement is entered into between the Community Based Training Participant, the Community Based Training Site Agency, and the Office of Economic Development; Division of Workforce Development. We agree to the terms of this agreement as outlined above:

Participant Name	Phone	Participant Signature	Date
Agency Name	Address		
Site Supervisor	Phone	Authorized Agency Signature	Date
Workforce Advisor or Contractor	Phone	Workforce Advisor/Contractor Signature	Date

**OFFICE OF ECONOMIC DEVELOPMENT/DIVISION OF WORKFORCE DEVELOPMENT
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COMMUNITY BASED TRAINING PARTICIPANT

Occupation: File Clerks (43-4071.00)

Skills associated with the above occupation include: **Customer and Personal Service** — Knowledge of principles and processes for providing customer and personal services. This includes customer needs, meeting quality standards for services, and evaluation of customer satisfaction. **Computers and Electronics** — Knowledge of applications and programming. **Clerical** — Knowledge of administrative and clerical procedures and systems such as word processing, managing files and records *and support of staff*. **Economics and Accounting** — Knowledge of economic and accounting principles and practices and the reporting of financial data. **Mathematics** — Knowledge of arithmetic, algebra, and their applications.

Please check tasks associated with the above skills that participant will observe, develop, or utilize in C.B.T.

- | | | |
|--|--|---|
| <input type="checkbox"/> Observing, receiving, and otherwise obtaining information from all relevant sources (usually staff and/or customers). | <input type="checkbox"/> Providing information to supervisors, coworkers or customers by telephone, in written form, email or in person. | <input type="checkbox"/> Developing specific goals and plans to prioritize, organize, and to accomplish work. |
| <input type="checkbox"/> Performing day-to-day administrative tasks such as maintaining information files and processing paperwork or data. | <input type="checkbox"/> Providing information to people outside the organization by telephone, in written form, email, or in person. | <input type="checkbox"/> Perform a variety of duties as requested by staff or customers. |
| <input type="checkbox"/> Using computers to enter data, or process information. | <input type="checkbox"/> Compiling, coding, categorizing, calculating, tabulating, or verifying information or data. | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Using office equipment such as phones, fax and copy machines. | | <input type="checkbox"/> Other: _____ |

Total hours of participation per month: _____ Start Date: _____ End Date: _____

Schedule of days and hours: _____

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2. Follow all policies as outlined in the Customer Responsibilities Agreement and the Action Plan.
3. I will make up missed hours, excused or not with homework, special projects or additional community service hours.

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4. Not engage the Participant in activities that will benefit a private employer, self-employer or other for-profit business.
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COMMUNITY BASED TRAINING PARTICIPANT

Occupation: Office and Administrative Support Workers, All others (43-9199.99)
Secretaries, Except Legal, Medical, and Executive (43-6014.00)/ Executive Secretaries & Admin. Asst. (43-6011.00)

Skills associated with the above occupation include: **Customer and Administrative Service** — Knowledge of principles and processes for providing customer and administrative support services. This includes filing, computer knowledge, answering phones or multiple phone lines, and knowledge of office equipment. **Speaking and Active Listening** — Talking to others to convey information effectively and giving full attention to what is other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times. **Time Management** — Managing one's own time. **Service Orientation** — Actively looking for ways to help people.

Please check tasks associated with the above skills that participant will observe, develop, or utilize in C.B.T.

- | | | |
|---|--|--|
| <input type="checkbox"/> Performing day-to-day administrative tasks such as maintaining information files and processing paperwork, answering phones, and providing support to office staff | <input type="checkbox"/> Providing information to supervisors, coworkers or customers by telephone, in written form, email or in person. | <input type="checkbox"/> Perform a variety of duties as requested by staff or customers. |
| <input type="checkbox"/> Using computers and computer systems (including hardware and software), set up functions, enter data, or process information. | <input type="checkbox"/> Providing information to people outside the organization by telephone, in written form, email, or in person. | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Using office equipment such as phones, fax and copy machines. | <input type="checkbox"/> Developing specific goals and plans to prioritize, organize, and to accomplish work. | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Entering, transcribing, recording, storing, or maintaining information. | <input type="checkbox"/> Other: _____ |

Total hours of participation per month: _____ Start Date: _____ End Date: _____

Schedule of days and hours: _____

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OFFICE OF ECONOMIC DEVELOPMENT-DIVISION OF WORKFORCE DEVELOPMENT

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- Communicate with Agency and Site Supervisor about progress, issues and concerns.

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COMMUNITY BASED TRAINING PARTICIPANT

Occupation: Receptionists and Information Clerks (43-4171.00)

Skills associated with the above occupation include: **Customer and Personal Service** — Knowledge of principles and processes for providing customer and personal services. This includes customer needs, meeting quality standards for services, and evaluation of customer satisfaction. **Clerical** — Knowledge of administrative and clerical procedures and systems such as word processing, managing files and records. **Speaking and Active Listening** — Talking to others to convey information effectively and giving full attention to what is other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times. **Social Perceptiveness** — Being aware of others' reactions and understanding why they react as they do. **Service Orientation** — Actively looking for ways to help people.

Please check tasks associated with the above skills that participant will observe, develop, or utilize in C.B.T.

- | | | |
|---|--|---|
| <input type="checkbox"/> Observing, receiving, and otherwise obtaining information from all relevant sources (usually staff and/or customers). | <input type="checkbox"/> Using office equipment such as phones, fax and copy machines. | <input type="checkbox"/> Developing specific goals and plans to prioritize, organize, and to accomplish work. |
| <input type="checkbox"/> Performing day-to-day administrative tasks such as maintaining information files and processing paperwork, and answering phones. | <input type="checkbox"/> Providing information to supervisors, coworkers or customers by telephone, in written form, email or in person. | <input type="checkbox"/> Perform a variety of duties as requested by staff or customers. |
| <input type="checkbox"/> Using computers to enter data, or process information. | <input type="checkbox"/> Providing information to people outside the organization by telephone, in written form, email, or in person. | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Develop working relationships with others and maintaining them over time. | <input type="checkbox"/> Other: _____ |

Total hours of participation per month: _____ Start Date: _____ End Date: _____

Schedule of days and hours: _____

As a Community Based Training Participant I agree to:

1. Observe the working hours and work rules as established by the Community Based Training Agency and the OED/DWD Program Action Plan and the Individual Responsibility Contract (IRC).
2. Follow all policies as outlined in the Customer Responsibilities Agreement and the Action Plan.
3. I will make up missed hours, excused or not with homework, special projects or additional community service hours.

COMMUNITY BASED TRAINING AGENCY

As a Community Based Training Agency we agree to:

1. Provide a Community Based Training assignment that will offer the Participant an opportunity to develop and/or utilize the above skills.
2. Provide the Participant with adequate training, monitoring and supervision.
3. Communicate with Participant and Workforce Advisor regarding progress, issues and concerns.
4. Not engage the Participant in activities that will benefit a private employer, self-employer or other for-profit business.
5. Not utilize Participant to replace a regular employee.
6. Comply with Agency Community Based Training Responsibilities Agreement.

OFFICE OF ECONOMIC DEVELOPMENT-DIVISION OF WORKFORCE DEVELOPMENT

The Workforce Advisor (or contractor) agrees to:

1. Communicate with Participant about progress, issues and concerns.
2. Communicate with Agency and Site Supervisor about progress, issues and concerns.

This agreement is entered into between the Community Based Training Participant, the Community Based Training Site Agency, and the Office of Economic Development; Division of Workforce Development. We agree to the terms of this agreement as outlined above:

Participant Name	Phone	Participant Signature	Date
Agency Name		Address	
Site Supervisor	Phone	Authorized Agency Signature	Date
Workforce Advisor or Contractor	Phone	Workforce Advisor/Contractor Signature	Date

Case Manager _____

Employee Specialist **Fred Podmore**

WEEKLY TIME SHEET FOR WORKPOOL/ COMMUNITY SERVICE VOLUNTEERS (Please Print Clearly)

COMMUNITY SERVICE VOLUNTEER NAME: _____ WEEK OF From: _____ To: _____

WORK SITE NAME _____ **SITE SUPERVISOR Name (Print) and Signature _____

_____ **SITE SUPERVISOR Name (Print) and Signature _____

DATE (MM/DD/YY)	ACTIVITY NAME/OR WORKSITE	*ACTIVITY TIME In/Out	PARTICIPANT'S INITIALS and COMMENTS ON WORK PERFORMED	ONLY SITE SUPERVISOR'S SIGNATURE VERIFYING WORK COMPLETED Do not sign if hours = Zero	NUMBER OF HOURS COMPLETED
MONDAY A.M. ____/____/07		In: Out:			
MONDAY P.M. ____/____/07		In: Out:			
TUESDAY A.M. ____/____/07		In: Out:			
TUESDAY P.M. ____/____/07		In: Out:			
WEDNESDAY A.M. ____/____/07		In: Out:			
WEDNESDAY P.M. ____/____/07		In: Out:			
THURSDAY A.M. ____/____/07		In: Out:			
THURSDAY P.M. ____/____/07		In: Out:			
FRIDAY A.M. ____/____/07		In: Out:			
FRIDAY P.M. ____/____/07		In: Out:			

***COMMUNITY SERVICE VOLUNTEER**

- You must sign in when you arrive to work, sign out for lunch, and sign out at the end of your shift. Do not sign out for breaks.
- Sign-in and sign-out times must be rounded to 5 minute increments. For example:
8:01 = 8:00 8:03 = 8:05 3:33 = 3:35
8:02 = 8:00 8:04 = 8:05 3:42 = 3:40
- Initial your timecard at the end of your shift.

Weekly Scheduled Hours _____

Completed Hours _____

****SUPERVISOR**

- Total the number of hours and minutes each day and sign only if there are hours worked.
- You must initial changes and/or adjustments.

PLEASE FAX COMPLETED TIMESHEET TO 720 944-2752 every Friday by end of business day.

The Office of Economic Development: Division of Workforce Development would like to thank you for providing valuable volunteer work experiences for our customers. This service is important in helping each person reach his or her employment goals. In order for our agency to meet the requirements set by Federal guidelines we do ask for your partnership in the following agreement of agency responsibilities.

COMMUNITY BASED TRAINING SITE AGREEMENT

Agency/Department, _____, accepts the following responsibilities as a placement agency.

- To keep accurate attendance records for volunteers and to fax the completed required time sheets every Friday by 4:00 p.m. **720-944-2752.**
- To notify the appropriate Workforce Advisor by e-mail or phone when:
 1. Volunteer is absent, excused or not
 2. Site has concerns about performance or behavior of volunteer
- To provide adequate supervision and training for volunteer in skills and responsibilities.
- Discuss expectations of your site including appropriate dress, breaks, rules and policies.
- To complete a monthly evaluation sheet provided by Division of Workforce Development at the end of each month.

If these responsibilities are not met the agency/department may be closed as a placement site until site is able to meet requirements.

Agency/Department Supervisor Name

Signature and Date

Community Based Training Coordinator

Signature and Date

For any questions or concerns about the Community Based Training program please contact your Community Service Coordinator:

James Roina	720-944-1206	E-mail: james.roina@ci.denver.co.us
Ken Arellano	720-944-2652	E-mail: ken.arellano@ci.denver.co.us
Fred Podmore	720-944-2378	E-mail: frederick.podmore@ci.denver.co.us