

Community Works Participant Agreement

1. I agree to provide accurate information that is required to participate in the program, such as information regarding my income, address, etc. on all documents.
2. I agree to attend all scheduled workshops, classes, and meetings or to give 24-hour notice in advance in the case of necessary absence.
3. I agree to notify both my Case Manager and Worksite Supervisor as soon as possible if I am ill and unable to attend.
4. I agree to come to all activities on time.
5. I agree to notify the Case Manager if I decide to leave the program.
6. I agree to participate in all aspects of the program as described in the Program Orientation.
7. I agree to follow the rules and responsibilities as outlined in the Program Orientation.
8. I agree that I have participated in the Commerce WorkFirst Program Orientation and the program has been explained to me.
9. I agree that the Case Manager may discuss my performance with worksite supervisors and DSHS WorkFirst Case Managers.
10. I agree to work at an agency for 20 hours per week or for the hours as deemed.
11. I understand that I will not be paid for hours worked at the worksite.
12. I agree to document all the hours worked on the timesheets provided.
13. I will be responsible for signing timesheets to verify my hours worked.
14. I agree to sign monthly evaluations documenting my progress and participation.
15. For approved holiday day off: If you are scheduled to work on an approved holiday, you may have the day off and you will receive participation credit for that day.

Participant Signature

Date

Case Manager

Date