

Date:	Participant's Name:	CIN Number:	OBWP:
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Work Experience Program Site Registration Information

Name of Organization:		<input type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit	
Is the organization/business located in a residential home? <input type="checkbox"/> Yes; <input type="checkbox"/> No		Federal ID#:	Date:
Address:			
City:	State:	Zip:	
Web Site:		Phone:	Fax:
Agency Director Name:		Title:	
Phone Number:	Email Address:		
Contact Person Name/Title: <i>(Person to contact regarding the Work Experience Program site)</i>			
Phone Number:	Email Address:		
Supervisor Name: <i>(Person who will be supervising the individual participating in the Work Experience Program)</i>		Title:	
Phone Number:	Email Address:		
Hours of Operation:	Days of Operation:		
Number of Hours for WEP assignment:	WEP work hours for participant:	Start:	End:
Assignment Start Date:		Assignment End Date: (if applicable)	
Describe the purpose/function of the organization/business:			
Describe the various opportunities available to participants in the Work Experience Program participating in your organization or business. Use additional sheets as necessary for other positions.			
Type of position and the activities the participant will be performing:			
Desired qualifications/skills needed for the functions to be performed:			

Memorandum of Understanding
between
Hamilton County Job and Family Services Collaborative
222 E Central Pkwy
Cincinnati, OH 45202
and

Name of Organization:		
Address:		
Contact Person:	Phone Number:	Fax Number:
Email Address:	Website:	

Hamilton County Job and Family Services Collaborative will:

- Review WEP Packet submitted by the site to determine appropriateness for volunteers.
- Recruit, interview, and refer appropriate volunteers to the site.
- Be available to provide the volunteer site with information needed on volunteer program as well as any changes or improvement.
- Be available to assist in resolving problems between volunteers and the volunteer site.
- Provide transportation and attendance forms.
- Provide a representative for the Volunteer site to communicate with.
- Provide background check if needed.

The Volunteer site will:

- Designate a coordinator of volunteer services to serve as a liaison with *Hamilton County Job and Family Services Collaborative*.
- Make final decisions on accepting volunteers for placement at the site.
- Provide any necessary orientation or training to volunteers.
- Provide supervision of volunteers for placement at this site.
- Assure adequate health and safety provisions for the protection of volunteers.
- Report any accidents or injuries involving volunteers to the *Hamilton County Job and Family Services Collaborative* office immediately at 513-946-1000 or Fax 513-946-1076.
- Not assign volunteers to any assignment which would displace employed workers.
- Not assist or request volunteers to conduct or engage in religious, sectarian, or political activity or instruction.
- Not discriminate against volunteers on the basis of race, color, national origin, sex, age, political affiliation, religion, or disability.
- Collect and submit appropriate volunteer information required by HCJFS; such as volunteer hours and changes in status of volunteers at the site.
- Provide reasonable accommodations to all persons with disabilities to serve as volunteers.

General Information:

- A volunteer may resign at any time. The site may discharge a volunteer or a volunteer may be withdrawn at any time.
 - Prior to discharge, discussion will occur among the volunteer, the site, and the appropriate *HCJFS* staff person to resolve conflicts, clarify reasons, and determine actions, if needed.
- Intentional violation of this Memorandum of Understanding, which remains uncorrected or cannot be reasonably resolved, may result in termination of volunteers being referred to this site.
- This Memorandum of Understanding may be amended in writing by concurrence of the Volunteer Site and HCJFS.
- Signatures below indicate agreement to the Memorandum of Understanding:

Volunteer Site Representative:	Date:
HCJFS Representative:	Date: