**NORTH CAROLINA
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM**

Host Agency Application

North Carolina Senior Community Service Employment Program (SCSEP) partners with public and private host agencies to provide paid community service training for participants who meet the federally-established requirements of SCSEP. SCSEP participants help community service agencies fulfill their agency missions while these participants are being trained to increase their skills and employability. SCSEP services are offered to unemployed persons who are at least 55 years of age; selection priority is given to individuals 65 years of age and older, veterans and qualified spouses of veterans and eligible applicants with barriers to employment.

Name of Agency: _____

Address: _____

City _____State_____Zip_____County_____

Phone #_____ Fax #_____Email_____

Agency hours of operation _____

Agency Director's Name_____

Agency Contact Name (if different than above)_____

Type of Agency:

☐ Federal Government   ☐ Tribal Government   ☐ State Government   ☐ County or Municipal Government

☐ Non-profit organization that is tax-exempt under §501c3 of the Internal Revenue Code of 1954 - **If your agency is a 501 c 3 federally tax-exempt organization, please attach a copy of your 501 c3 designation letter from the U.S. Department of the Treasury.**

Funding Sources: (Please check all that apply)

Federal funds: _____   State funds: _____   Local Funds: _____   Private funds: _____

Fiscal Year:

The agency's fiscal year is from: _____ to _____

Agency FEIN #_____

1. What is your organization's primary purpose?

2. What are the main types of employment/jobs in the organization?

3. Are there services that you would like to expand or services/positions that could be helped with one or more trainee assistants?

4. What types of skills do you look for in your employees?

5. About how frequently do you have job position openings?

6. Type of training your agency can possibly provide (please check all that apply):

Office:
( ) Filing
( ) General Office
( ) Receptionist
( ) Microsoft Office
( ) Basic Data Entry
( ) 10 Key Computation
( ) Tele-Marketing
( ) Supervision/Management
( ) Accounts Payable/Receivable

Warehouse:
( ) Receiving
( ) Fork Lift
( ) Inventory
( ) Loading/Unloading
( ) Delivery/Transportation

Retail or Sales:
( ) Sales & Stocking
( ) Processing or Donations
( ) Cashiering
( ) Customer Service
( ) Hospitality

Food Service:
( ) Cook/Prep
( ) Dishwasher
( ) Buss Person
( ) Banquet/Setup & Clean up
( ) Servers

General Labor:
( ) Maintenance
( ) Janitorial
( ) Landscaping

Health Care:
( ) Medical Records/Filing/Insurance
( ) Nurse Aide
( ) Home Health Care
( ) Adult Day Care
( ) Health Education/Outreach

Community Service:
( ) Intake worker
( ) Info and Referral
( ) Substance Abuse
( ) Transportation
( ) Job Developer

Education:
( ) Tutor/teacher Assistant
( ) Head Start
( ) Library Assistant
( ) Child Day Care
( ) Fitness/Yoga

Other:
( ) _____
( ) _____
( ) _____
( ) _____

7. If you have more than one location from which you provide service or an address that is different from the address of your headquarters provided on the previous page, please provide the addresses of your office (s):

Street Address	City	State	Zip Code	Phone#

This form is for application purposes only and does not promise that a participant will be placed at your organization for training. Assignment of participants is solely based on the training needs of the individual participant. If accepted for participant placement, it is recognized that all individuals and agencies have the right to terminate their relationship with North Carolina SCSEP for any reason and at any time given a 30 day notice; North Carolina SCSEP reserves the same right. The North Carolina SCSEP is funded through a grant from the US Department of Labor-Employment and Training Administration. Authorization for SCSEP is from the Older Americans Act Title V.

THANK YOU FOR YOUR INTEREST IN NORTH CAROLINA SCSEP!

Please Return Form to: