



WORK EXPERIENCE COOPERATIVE AGREEMENT

This cooperative agreement is between Community Options, Inc. programs and _____.

This agreement becomes effective on _____ and shall remain in effect until or unless terminated by written notice of either party involved. This agreement will contain all Work Experience activities. Work Experience opportunities are developed to enhance an individual’s employability by providing basic work skills and habits.

Participant Responsibilities:

1. Arrive as scheduled and dressed in appropriate attire.
2. Participate in all required training as designated by the work site supervisor.
3. Adhere to all company policies.
4. Maintain satisfactory progress while participating in work experience.
5. Report all work experience hours on the Time Sheet to Employment Specialist.

Community Options, Inc. Responsibilities:

1. Certify and refer eligible participants.
2. Provide written and oral orientation information to participants and supervisors.
3. Ensure supervisor is provided Workforce Safety Insurance information.
4. Ensure that WSI coverage is in effect before participant starts work experience.
5. Monitor work site and assist with problems.

Business Responsibilities:

1. Provide orientation to participant of the work-site’s policies, regulations, and safety rules.
2. Provide the participant with training for the tasks to be performed and assure that adequate tools and/or materials are available.
3. Provide daily and competent supervision.
4. Contact Community Options, Inc. with questions or problems; provide participant and Community Options, Inc. (in writing) of adverse action taken against participant.
5. Accept responsibility for physical damages to property cause by participants while performing work tasks or duties.
6. Assure that no participant shall be placed where it would result in displacement of currently employed workers, where individuals are on layoff in the same or equivalent jobs, or where supplanting would result.
7. Ensure all incidents resulting in injury of participant or damage to property are reported to Community Options, Inc. staff within 24 hours.

Signature of Business	Title	Date
Signature of Community Options, Inc. Employee	Title	Date