pennsylvania
DEPARTMENT OF PUBLIC WELFARE

COMMUNITY SERVICE AGENCY AGREEMENT

Participant's Name:	Maximum Weekly Hours	County:	Record Number:

Participant's Address:	Telephone Number:
County Assistance Office Address:	**County Assistance Office Fax:**
Community Service Agency Name:	**Telephone Number:**
Name and title of individual who will supervise the community service participant:	**Employer Identification Number**
This agency is: ☐ Federal, State or Local Government ☐ Non-profit	**501c(3) Number:**

Describe the job duties of this community service position:

This position is available for _____ hours per week beginning _____

By signing this form, this agency representative assures that the community service organization is meeting all applicable federal, state and local laws. In addition, the agency will:

- provide the community service participant with the opportunity for work experience which will help the participant prepare for the workforce, which includes but is not limited to:
  1. instruction and/or training necessary to be able to perform the work indicated above,
  2. on-site supervision;
- ensure that the individual does not exceed the maximum weekly hours which are indicated on this form and are determined by the county assistance office based on the Fair Labor Standards Act;
- validate weekly hours of participation to the county assistance office by fax and to the participant on a community service weekly participation report (PA 590).

_____ _____

Authorized Agency Representative Signature and Title | Date