

COMMUNITY SERVICE ASSIGNMENT DESCRIPTION

NAME: _____ **ASSIGNMENT TITLE:** _____

HOST AGENCY: _____

SERVICE PROVIDED BY AGENCY: _____

ADDRESS: _____ **CITY/STATE:** _____

SUPERVISOR: _____ **Title:** _____

TELEPHONE: _____ **WORK DAYS & HOURS:** _____

ASSIGNMENT DATE: _____ **HOURLY RATE:** \$ 5.15

DUTIES AND RESPONSIBILITIES:

CRITERIA FOR ASSIGNMENT:

- **TRAINING REQUIRED:** OJT
- **DOES HOST AGENCY HAVE PART TIME POSITIONS?** Yes () NO (X)
- **TYPE OF PART-TIME POSITIONS:** None
- **LIST SKILLS THE AIDE WILL ACQUIRE THROUGH PLACEMENT:** Use of cleaning equipment and stocking