

West Virginia Bureau of Senior Services
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)
Coordinated by: Preston County Senior Citizens, Inc.

HOST AGENCY APPLICATION

Host Agency Name _____ **Address (Street, City, State, Zip Code)** _____

Host Agency Supervisor _____ **Executive Director or Agency Director** _____

Phone Number _____ **E-mail address** _____ **Geographic areas served** _____

Number of Full Time Employees _____ **Number of Part Time Employees** _____

Check one: Government agency (*attach a brochure or other information describing your agency's services*)
501(c)3, non-profit organization (*attach a brochure or other information describing your agency's services; 501(c)3 IRS determination letter; current Board of Directors' list*)

Please provide a brief description of your program(s) and services: _____

List additional branch locations if you intend to utilize them as participant training sites (include address and phone numbers): _____

List your organization's funding sources (Federal, State, County, City, Foundations, etc.): _____

Do you currently have other SCSEP participants training at your agency? Yes No

Training and Supervision

What type of training assignments could you provide to SCSEP participants? _____

Can you provide ongoing and consistent supervision for each participant? Yes No

Does your agency have the capacity to communicate with non-English speaking or limited English speaking participants? Yes No If yes, what language(s) can you accommodate? _____

Job Development

Does your agency have the capacity to hire one or more participants per year? Yes No

List any training or job development services your agency can provide to help our participant obtain a job. _____

Section to be completed by Project Director

Approved _____ Denied _____ Initials: _____ Date: _____

Comments: _____