

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Workforce Administration  
Supplemental Nutrition Assistance Employment and Training (SNA E&T) Program

**AGREEMENT FOR WORK EXPERIENCE AND  
COMMUNITY SERVICE ACTIVITIES**

**1. THE AGREEMENT**

This Agreement is entered into between the Arizona Department of Economic Security (DES), hereafter called the Sponsor and  
NAME OF BUSINESS OR AGENCY \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

hereafter referred to as the Provider Agency, to provide work-related activities so that the DES Supplemental Nutrition Assistance Employment and Training (SNA E&T) Program participants, who are assigned to a work experience or community service activity, can learn vocational skills and gain work experience.

**2. WORK EXPERIENCE AND COMMUNITY SERVICE SPECIFICATIONS**

This Provider Agency agrees to the following specifications:

- A. PRIMARY POSITIONS AND DUTIES (*Attach list if more space is needed*) \_\_\_\_\_ SPECIFIC EQUIPMENT TO BE USED \_\_\_\_\_
- B. PHYSICAL REQUIREMENTS AND/OR SPECIAL OCCUPATIONAL REQUIREMENTS \_\_\_\_\_
- C. NAME AND TITLE OF SUPERVISOR(S) \_\_\_\_\_

**3. WORK EXPERIENCE AND COMMUNITY SERVICE PROVIDER'S AGREEMENT**

The Provider Agency further agrees to:

- A. Provide a work experience or community service assignment that will not fill an established vacant position including partial displacement such as a reduction in the hours of non-overtime work, wages or employment benefits or replace personnel who have been laid off or terminated by the Provider or when the Provider has otherwise reduced its workforce.
- B. Maintain records and prepare reports on the individual work experience or community service trainee(s) as prescribed by the Sponsor.
- C. Observe and comply with applicable safety and health standards and the labor laws of Arizona and the federal government.
- D. Maintain sufficient general liability insurance for tort claims protection.
- E. Maintain sufficient workers compensation and employers' liability in accordance with all state and federal laws and regulations.
- F. Allow the Sponsor and/or duly authorized representatives to visit the premises, observe work conditions and activities and interview the work experience or community service trainee(s).

**4. SPONSOR'S AGREEMENT**

The Sponsor agrees to:

- A. Supply the Provider Agency with the required forms and procedures for maintaining work experience or community service trainee(s) records and instructions on required reporting information.
- B. Provide supportive services that may be required by the work experience or community service trainee(s).
- C. Provide monetary transportation related expense payments to eligible work experience or community service trainee(s).

**5. ADDITIONAL DECLARATIONS**

Work experience and community service trainee(s) are not employees of the Provider Agency or of DES, but are recipients of Supplemental Nutrition Assistance Program benefits and are not compensated at a salary rate for the work done. Work experience and community service trainee(s) may be covered by the Arizona Health Care Cost Containment System (AHCCCS) medical program. This Agreement may be terminated by either party by giving written notice to the other party not less than five (5) working days before the intended termination date and is subject to A.R.S. § 38-511 regarding conflict of interest.

PROVIDER AGENCY'S NAME (*Print legibly*) \_\_\_\_\_

ADDRESS (*No., Street*) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

AUTHORIZED REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME AND TITLE (*Print legibly*) \_\_\_\_\_

SPONSOR: **Arizona DES/WA/SNA E&T Program**

OFFICE ADDRESS: **P.O. BOX 6123 – Mail Drop** \_\_\_\_\_ **PHOENIX, AZ 85005-6123** PHONE NUMBER \_\_\_\_\_

AUTHORIZED REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME AND TITLE (*Print legibly*) \_\_\_\_\_

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. Auxiliary aids and services are available upon request to individuals with disabilities. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office manager; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.