



American Indian Center of Arkansas

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Little Rock, Arkansas 72201
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www.AICAgO.org



**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
TRAINING PLAN**

Participant Name _____

Position Title _____

Print Supervisor Name _____

Supervisor's Signature _____

Print Additional Supervisor Name _____

Additional Supervisor's Signature _____

Duties/Tasks to be learned*: _____

TRAINING SCHEDULE:

SUNDAY _____
MONDAY _____
TUESDAY _____
WEDNESDAY _____
THURSDAY _____
FRIDAY _____
SATURDAY _____

HOURS PER WEEK: 20 RATE PER HOUR: \$11.00

There is no reason, physical or mental, which prevents me from performing the duties and responsibilities required for this position. I have read the TRAINING PLAN, have been given a copy and acknowledge the duties and responsibilities described:

Trainee's Signature: _____ Date: _____

WORKSITE AGENCY

NAME: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

FORM 29

Revised: March 2021

*To be updated every six (6) months with IEP