

F.I.P Stepdown
Mental Health Assistant Trainee Agreement Form

I, _____ willingly accept the training for the Mental Health Assistant Position.

____ (initial here) I am aware this position is full time and demanding. It is no way imposed upon me during my incarceration.

____ (initial here) I fully accept the training that supports this position to include: tests, quizzes, evaluations, meetings, written assignment extensive reading and groups.

____ (initial here) I understand by accepting this opportunity to train I am making a commitment to be of service to the patients, correctional health services, and custody staff.

____ (initial here) As a Mental Health Assistant Trainee I understand disrespect towards staff, custody, fellow Mental Health Assistants, violence or threats of violence, unprofessional conduct, or abuse of any kind towards the patients will result in termination of my position and removal from the program.

____ (initial here) I understand as a Mental Health Assistant Trainee I carry a responsibility to treat and care for an extremely vulnerable population, with serious mental health issues. I shall conduct myself in a professional way at all times, and to represent the Mental Health Assistants and F.I.P Stepdown in a respectable manner. Neglecting this responsibility will result in removal from the program.

____ (initial here) I understand I join the program as an entry level one trainee, Mental Health Assistant (EL1). I fully accept all responsibilities and assignments required at this level.

I have read this agreement and understand the terms and expectations I am held to.

Full Name (print) _____

Signature _____ Date: _____

F.I.P. Stepdown

Mental Health Assistant Trainee Agreement Form

I, _____ willingly accept the training for the Mental Health
(print full name)
Assistant Position.

____ (initial here) I am aware that this position is full time, taxing, and is no way imposed upon me during my incarceration.

____ (initial here) I fully accept the training that support this position including but not limited to: test, quizzes, evaluations, meetings, written assignments, physical work assignments, extensive reading, and groups.

____ (initial here) I understand that by accepting this opportunity to train I am making a commitment to be of service to the patients, correctional health services, and custody staff.

____ (initial here) As a Mental Health Assistant Trainee I understand that disrespect towards staff, custody, fellow Mental Health Assistants, violence or threats of violence, unprofessional conduct, or abuse of any kind towards the patients will result in termination of my position and removal from the program.

____ (initial here) I am aware that I will be evaluated for performance every eight weeks during training and that unsatisfactory evaluations can result in termination of my position and removal from the program.

____ (initial here) I understand that as a Mental Health Assistant Trainee I carry a responsibility to treat and care for an extremely vulnerable population, with serious mental illness, conduct myself in a professional manner at all times, and to represent the Mental Health Assistants and F.I.P. Stepdown in a respectable manner. Neglecting this responsibility will result in removal from the program.

I have read this agreement and understand that terms and expectations I am held to.

Full Name (print): _____

Signature: _____

Date: _____