**CARE For Change, Inc**

**3621 N. Kelley Ave., Suite 100**

**Oklahoma City, OK 73111**

**Office: (405) 524-5525 Fax: (405) 524-5528**

**New Contractor Orientation Statement**

**As a part of my orientation, as a contractor for CARE For Change, Inc., I have received:**

1. **A copy of the Personnel Policy and Procedures Manual**
2. **A health and safety handbook**
3. **A memorandum outlining the proper procedures for call-in, due to tardiness or absences.**

**I have also been shown the proper procedures for opening and securing the office building. (If applicable)**

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**Contractor’s Signature Date**