



Court Ordered Community Service Application (18+ only)

OFFICE USE ONLY
 Completed Service
Left Message for: _____
Spoke to: _____
App. Date: _____
Start Date: _____
Completion Date: _____
Copy of ID Attached? _____

E-mail or fax completed form and a copy of a state issued photo ID to Sarah Fisher, Volunteer Program Manager at sfisher@hstc1.org or 772.600.3217

You will not be scheduled to start until this application is completed in full.

PLEASE PRINT CLEARLY

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____ Alternate Number: _____

THIS AREA MUST BE COMPLETED IN FULL PRIOR TO STARTING
Please state the nature of the offense in detail. The Humane Society of the Treasure Coast has the right to refuse any person . No animal cruelty charges are accepted. No exceptions.

Hours Needed: _____ Date hours need to be completed: _____

Name of Probation Contact: _____ Organization: _____

Phone Number: _____ Email: _____

COMMUNITY SERVICE RELEASE AND AGREEMENT

In consideration of the Humane Society of the Treasure Coast’s willingness to delegate work assignments to me within the scope of the Society’s charitable purpose, and on behalf of myself, my heirs, personal representation and executors, I, _____ (*print name*), hereby release, discharge, indemnify and hold harmless the Humane Society of the Treasure Coast, Inc., its agents, servants and employees for any and all damages to my person and/or personal property of any nature including but not limited to medical costs, attorney fees and court expenses that might be incurred by the Humane Society.

I understand and agree that as a Community Service volunteer at the Humane Society of the Treasure Coast, Inc. I have a moral, legal and ethical responsibility to maintain the confidentiality of all information regarding animals, their condition and records, clients, business operations, personnel, payroll, purchasing and finances.

Signature: _____

Date: _____

**COMMUNITY SERVICE RELEASE AND AGREEMENT
CONTINUED**

I agree to abide by the following rules.

I will (*Check each as acknowledgment*):

- ◇ **Not report for service under the influence of alcohol or drugs or use while on HSTC premises.**
- ◇ **Adhere to my assigned schedule and arrive punctually signing in and out timely and accurately.** Hours must be verified by a front desk employee to be counted toward completion of court ordered hours.
- ◇ **Work productively and diligently** throughout the assigned period notifying the supervisor when taking breaks or leaving the premises;
- ◇ **Will not remove any items or property from HSTC premises** as this considered theft and will be treated as such.
- ◇ **Conduct myself in a courteous and respectful way** at all times;
- ◇ **Not enter any room where pets are kenneled, nor any medical room or administrative office** unless specifically instructed to do so by a supervisor;
- ◇ **Wear clothes clearly intended for janitorial work.** This includes **shirt** (no revealing clothing or offensive statements), **shorts** (finger-tip length at minimum) or **jeans/pants** (that do not hang off lower hip) and **CLOSED-TOED SHOES.**
- ◇ **Not use ear phones, cell phones, beepers, radios or other electronic devices** during work hours.
- ◇ **Upon Completion of Hours I will contact the Volunteer Program Manager to have paperwork completed accordingly.**



You know when you must have your hours completed. Please allow at least 48 hours for your official request for hours to be processed. We are not / cannot be responsible if you don't provide enough notice to submit your hours to your parole officer or court date. Plan accordingly.

I fully understand the requirements placed upon me in signing this release and further understand that my services may be terminated immediately and my probation officer notified accordingly if I in any manner breach any of the above conditions.

Signature: _____

Date: _____

HSTC Representative: _____

Date: _____

OFFICE USE ONLY

Notes:
