



Court Ordered Community Service Application

Your information:

Full Name: _____
First Middle Last

Home phone (____) _____ - _____ Cell phone: (____) _____ - _____

Personal email address: _____

Emergency contact information: If the person to perform service is under the age of 18, a parent or legal guardian must attend the intake interview with you. Please use this emergency contact field to list the information for the parent/legal guardian who will be attending the interview. For all applicants over the age of 18, use this field for the best person to contact in the event of an emergency.

Emergency contact name: _____

Emergency contact address: _____

Emergency contact date of birth (required if the applicant is under 18 years old): ____/____/____

City: _____ County: _____ State: ____ Zip: _____

Emergency Contact Phone Numbers: Home: (____) _____ - _____ Cell: (____) _____ - _____

Medical and health information:

Do you have any health or medical issues in case of an emergency? Allergies? Heart? Psychological? Other? List

below: _____

Are you—or is there a possibility you may be—pregnant? Yes / No

List any medication(s) that you are currently taking that may impact your ability to serve CSV hours:

Do you have allergies to animals? Yes / No If yes, are allergies controlled by medication? Yes / No

Court Information and background information:

Detail your current charge(s) that require court ordered community service hours. Please describe as needed. _____

Number of hours required: _____ Deadline for completion: ____/____/____

Court of Jurisdiction: _____

Your attorney's name, if applicable: _____

Your probation officer's name, if applicable: _____

Probation officer's phone: (____) ____-_____

Friendship Diversion supervisor's name, if applicable: _____

Friendship Diversion supervisors phone: (____) ____-_____

Have you ever pleaded or been found guilty of a felony or misdemeanor, besides the charge for which you are currently required to fulfill community service hours? Yes / No

If yes, please explain when, where and describe the details of your conduct: (Attach more pages if needed. Answers must be complete and accurate.)

Date: __/__/__ Charge _____

Date: __/__/__ Charge _____

Date: __/__/__ Charge _____

Olympic Peninsula Humane Society reserves the right to reject or refuse any applicants at its sole discretion. Convicted sex offenders are not permitted in our program. Applicants convicted of larcenies or any violent offenses will be evaluated on a case-by-case basis. As a state recognized animal releasing agency, we are prohibited from accepting community service volunteers (henceforth "CSVs") charged with animal abuse, neglect, cruelty, or abandonment. The Olympic Peninsula Humane Society runs complete background checks on CSV applicants before scheduling intake interviews.

Initial the sections below to indicate you agree and understand.

REGARDING GENERAL POLICIES:

_____ OPHS has a zero-tolerance policy regarding smoking, alcohol, and drugs. I agree NOT to smoke on OPHS property, either inside or outside. This includes the driveway and parking lot area. I understand that smoking on the property is grounds for immediate dismissal. This policy applies at all times.

_____ I understand that completing the application process does not guarantee acceptance as a community service volunteer.

_____ Reasons for termination may include—but are not limited to—failure to follow instructions; failure to follow rules and/or behave appropriately; failure to complete tasks as instructed; inappropriate conduct with staff, visitors, or other volunteers; attitude or back-talk toward OPHS staff; failure to arrive for scheduled shifts or repeated failure to arrive on time; failure to report for more tasks when assigned tasks are completed; or ANY inappropriate or disconcerting conduct toward the animals in our care.

_____ I certify that the information in this application is correct to the best of my knowledge and belief. I authorize agents of OPHS to check with the appropriate authorities regarding my criminal background history. I understand that, should I be offered the opportunity to complete my court ordered community service hours, any misrepresentation by me may lead to termination, and my being barred from any future opportunity to volunteer with OPHS. I also understand that my community service can be terminated with or without cause and/or notice at any time by OPHS. I hereby give permission for my attorney, probation officer, and any other parties to communicate and share freely with OPHS any information regarding myself and my history.

REGARDING BEHAVIOR AND ATTIRE: (Please initial)

_____ For the safety of the animals and people, there is to be no horse-playing, screaming, yelling or any other behavior that would be upsetting to the animals in our care. It is expected that all CSVs maintain the same standard of care as provided by all staff and volunteers of OPHS. Failure to do so will result in termination from the program.

_____ CSVs will occasionally be in the company of OPHS clients/customers and will be expected to act professionally. Abusive, lewd or obscene language and gestures will not be tolerated and will be grounds for immediate dismissal. Disrespectful conduct and negative attitude with staff or other volunteers will not be tolerated.

_____ All CSVs are expected to dress for the appropriate work. Jeans should be worn to protect against animal scratches and insect bites. T-shirts may be worn but may not be lewd/obscene or contain references to cult or gang activities. Shirts should cover the midriff and have a neckline no lower than the area of the second button of a collared shirt. CSVs will dress in clothes that do not have any sentimental value, because there is a lot of cleaning work, and clothes may get dirty or stained. You may be required to wear a volunteer vest or name tag.

_____ Failure to disclose medical, psychological, or behavioral issues that could impact a CSV's ability to appropriately serve CSV hours will be grounds for termination.

REGARDING SCHEDULING:

_____ CSVs must schedule shifts in advance with the CSV coordinator. This schedule will be set according to the availability of the CSV and the availability of a supervisor. Failure to show or excessive tardiness may result in termination of this contract. Hours as scheduled are binding, except in cases of medical or family emergency. If an emergency arises, you must contact the CSV coordinator as soon as possible.

_____ If a CSV fails to check in or check out, no credit will be given for hours worked. A documented summary of hours will be provided to the CSV and to any court official identified as an authorized recipient after all necessary hours are completed.

REGARDING WORK TO BE PERFORMED:

_____ CSVs are expected to perform any reasonable tasks necessary, in the day to day operational care of our animals and shelter. This may include both indoor and outdoor work, in addition to general housekeeping duties inside and outside of the animal rooms. CSVs will never medicate animals.

_____ CSVs are here to work, not talk on the telephone, or text friends, etc., during community service volunteer hours.

_____ While actively performing CSV hours, CSVs are to stay busy. When given tasks, CSVs must complete them in a timely and professional fashion. When finished, CSVs must report to a staff member to be assigned the next task. CSVs must make good, productive use of time during the entirety of CSV shifts. Failure to stay busy, taking excessive breaks, leaving the premises, etc., are all grounds for dismissal.

_____ CSVs may be moving in and out of animal rooms on a regular basis in the course of cleaning and maintenance tasks. CSVs must understand that caution and vigilance is required when entering and leaving animal areas. If an animal escapes from its area, CSVs must alert the staff immediately and help to catch the animal. CSVs agree to move in and out of animal areas with care.

_____ Only exceptional CSVs will be given the tasks of providing direct, hands-on care for the animals. CSVs agree **not** to attempt to perform animal-related tasks unless given *specific instructions* from the shelter staff to do so. You may not talk to customers, if customers ask you questions please refer them to an OPHS staff member.

Hold Harmless Wavier:

I agree that on behalf of myself, my heirs, personal representatives and executors, do release, discharge, indemnify, and hold harmless the Olympic Peninsula Humane Society, its agents, employees, directors and board of directors from any and all claims, causes of action, or demands of any nature of cause. Including but not limited to, costs and attorneys fees incurred by the Olympic Peninsula Humane Society in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my services for the Olympic Peninsula Humane Society including but not limited to animal bites, accidents, or injuries.

_____/_____/_____
Signature Date

_____/_____/_____
Parent or guardian signature (required if applicant is under 18 years old) Date

Community service volunteering at the OPHS is a privilege and not a right. All volunteers are expected to abide by the rules of OPHS and to act responsibly and respectfully. Failure to do so will result in being required to immediately vacate the property based on the discretion of management.

I have read, understand and agree to the rules for OPHS Community Service Program. Failure to abide by these rules will result in the immediate forfeiture of my privileges of volunteering and my ability to complete my court appointed hours with this organization. I understand that my community service can be terminated with or without cause and/or notice at any time by the OPHS.

_____/_____/_____
Signature Date

_____/_____/_____
Parent or guardian signature (required if applicant is under 18 years old) Date

_____/_____/_____
OPHS Staff Witness Signature Date