

COMMUNITY SERVICE APPLICATION

Humane Society of Morgan County

PERSONAL INFORMATION

Please tell us about yourself.

Date of Application _____

Full Legal Name (*as printed on your Drivers License*) _____

_____ Date of Birth

Street Address _____

City _____

_____ State

Zip Code _____

Primary Phone Number (Required) _____

Secondary Phone Number (Optional) _____

Email Address (Required) _____

We provide the opportunity for individuals with certain minor violations to complete their Community Service at our facility. There is no guarantee we will be able to accommodate the hours required as part of your community service. We reserve the right to terminate your community service with the Humane Society of Morgan County, at any time for any reason.

If application for Community Service is approved, you will be contacted to attend an orientation at the rescue shelter. Our staffing hours are from 8am - 5pm; all shifts must be pre-approved with a supervisor and unless otherwise noted, be no less than 4-hour blocks per shift. If you are unable to come in for your scheduled shift, you must contact the supervisor as directed. Those who fail to show up for their shifts will be terminated and all hours accrued will be lost. A completion letter will only be available to those who actually *complete* their minimum hour requirement as determined by the court. If your completion date is less than 30 days from the date of application, we will not approve your application.

Orientations take approximately 30 minutes and are typically scheduled on weekday afternoons. If you are under 18 years of age, a parent or guardian must accompany you to orientation to sign a release form. Please be prepared to bring documents stating the offense, required hours, and probation officer's contact information along with a valid government ID.

What is the official charge you are looking to complete Community Service for?

Traffic Violation : _____

Other: _____

How many hours are you required to complete? _____

Due Date: _____

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Point of Contact regarding Community Service:

Name of Company/Point of Contact: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Have you ever worked, volunteered for or performed community service at the HSMC in the past?

No

Yes

Please provide details to include DATES, POSITION, RESPONSIBILITIES & Reason for Leaving

Do you have any friends or relatives currently working, volunteering or performing community service at HSMC?

No

Yes

Please provide names and position:

Tell us WHY you would like to complete your Community Service at the HSMC

What is your **personal** experience working with cats and dogs?

Are you or do you plan to complete some of your Community Service hours outside of the HSMC?

No

Yes,

Name of facility: _____

Number of Hours: _____

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Do you have any fears, allergies or medical limitations which would prevent you from participating in all areas of the rescue?

No

Yes, please explain: _____

When was your last Tetanus vaccination? _____

Please provide the hours you would be able to work your Community Service hours. All shifts must be scheduled no less than 24 hours ahead of time and approved by a supervisor. Changes in your schedule must also be approved by a supervisor.

HSMC Hours	<u>*Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>*Sunday</u>
	8am - 4pm	8am - 5pm	8am - 5pm	8am - 5pm	8am - 5pm	8am - 5pm	9am - 4pm
Shifts you can work							

* Closed to the public

Do you have any restrictions such as school, work or other engagements which would restrict your available hours?

No

Yes

Are you currently serving in the Armed Forces?

No

Yes

MILITARY HISTORY

Which Branch of the Armed Forces do you serve in?

What is your current status?

Active

Reserve

National Guard - State: _____

If Active/Reserve/National Guard, Please provide unit and command contact information.

I understand that this application is not a guarantee I will be accepted as a COMMUNITY SERVICE WORKER with the Humane Society of Morgan County.

Initial _____

I understand that material omission or false statements on this application may be considered sufficient cause for denial of or dismissal from COMMUNITY SERVICE.

Initial _____

I furthermore understand that smoking is NOT permitted on the Humane Society grounds or during my shift. If I am caught smoking on the property or smell like smoke I WILL be told to leave and my COMMUNITY SERVICE may be terminated.

Initial _____

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Signature of Applicant (*If a minor, adult guardian signature is required below*)

Date

Printed Name

Current Age (Minor applicants ONLY)

ADULT GUARDIANS ONLY

COMMUNITY SERVICE WORKERS UNDER AGE 18

Applicants aged 16 & 17 require adult guardian permission to do COMMUNITY SERVICE at the Humane Society of Morgan County.

Initial

COMMUNITY SERVICE WORKERS UNDER AGE 16

Any applicants under 16 years of age must be pre-approved by the director PRIOR to starting COMMUNITY SERVICE. Scheduling will be made with the parent or legal guardian, only.

Initial

I give permission for my minor child to complete their COMMUNITY SERVICE at the Humane Society of Morgan County under the guidelines as listed above based on his/her age. I will provide my contact information below as requested and update it as necessary. I understand I am responsible for monitoring my child's behavior while completing his/her COMMUNITY SERVICE for the HSMC and will escort my child off the premises if his/her behavior is deemed inappropriate for the shelter environment, by the shelter management.

Printed Name

Relationship

Address

City

State

Zip Code

Primary Phone

Secondary Phone

Signature

Date

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