

Community Service Volunteer Application

This application is for individuals who are 16 years of age and older and need to fulfill court ordered community service hours or community service hours for another purpose. Eligible volunteers cannot have any offenses that pertain to any form of abuse to animals or people or theft. The approval of your probation officer (if any) may need to be obtained.

Lakeshore Humane Society (LHS) has the right to deny acceptance into the program for any reason. LHS can terminate a volunteer's association with the organization if it is determined that the volunteer violated LHS policies, procedures or regulations.

<u>Basic Information</u> (Please Print Clearly. All fields listed below are mandatory.)

| Name (First, Middle Initial, Last): | | |
|--|---|-----------------------------|
| Date of Birth:/ Age: | : (must be 16 or older to participat | re) |
| Home Address: | City: | State: Zip: |
| Primary Phone Number: | Email: | |
| Emergency Contact: | Phone: | |
| Driver's License, Government issued ID, o | r Social Security Number: | |
| Please list any medical conditions that ma | ay interfere with your ability to perform the | tasks listed below: |
| | | |
| | | |
| | | |
| (this will not affect the approval of your a | application) | |
| Community Service Information | | |
| Probation Officer or Organization Name: _ | | |
| Address: | City: | State: Zip: |
| Phone Number: | _ | |
| What is the nature of your offense or reas | son for needing to complete community ser | vice hours? Please explain: |
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| | | |
| | | |
| Number of hours required: Date | e Assigned:/ Completion | Date: / / |

Note: Community service volunteers do not work directly with the animals at LHS. The types of duties you will be performing include:

- Housekeeping (washing dishes, mopping, washing windows, washing and folding laundry)
- Grounds Maintenance (trash removal, snow shoveling, cleaning out kennels, waste pickup)
- And other tasks outlined upon acceptance into program

| Schedule to complete hours will need to be discussed wi | ith volunteer coordinator upon acceptance into program. |
|--|--|
| Days/times you are available: | |
| | |
| Release of Liability | |
| as a volunteer will be performed strictly on a voluntary bas rules and regulations established by LHS and failure to do s nature of the activities to be performed as a volunteer and animals and I accept those risks. I agree that all volunteer a or injury should occur, no matter how minor, I will complet utilizing my own medical insurance. On behalf of myself an | ne Society (LHS). I acknowledge and agree that activities performed by meis, without any pay, compensation or benefits. I agree to comply with the o may result in my immediate removal as a volunteer. I am aware of the I recognize and understand that there are certain risks inherent in handling ctivities are to be performed at my own risk. I understand that if an accide to a Volunteer Injury Report form and seek any necessary medical attention of my respective heirs and personal representatives, I agree to indemnify gents and volunteers from and against any and all loss, damage, claims, |
| occasioned by my activities as a volunteer for LHS. I agree t programs, public relations and/or for other purposes deem images or photographs for use in its programs, publications | hat LHS may use my name and/or image for LHS displays, educational ed appropriate by LHS in its sole discretion, and I hereby release any such |
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