



Court Ordered Community Service Application

Please print legibly. All applicable fields are required if you wish to be considered for our community service program.

Your information:

Full Name: _____
First Middle Last

Other names used (maiden name, etc.): _____

Date of birth: ____/____/____ Social security number: _____

Driver's license number: _____ State issued: _____

Current Address: _____

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

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: (____) _____ - _____

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: _____

Attorney's Phone (____) _____ - _____ Attorney's Fax: (____) _____ - _____

Your probation officer's name, if applicable: _____

Probation officer's phone: (____) _____ - _____ P.O. Fax: (____) _____ - _____

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 _____

The Stafford SPCA 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 Stafford SPCA runs complete background checks on CSV applicants before scheduling intake interviews.

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

REMINDER: It is your responsibility to take medications to treat allergies prior to serving community service hours. Medications will not be dispensed by Stafford SPCA employees or management.

Upon receiving this application, the Stafford SPCA will make a decision on whether you will qualify to serve CSV hours with us. If you are approved, we will contact you for an intake interview to discuss our program in more detail, to determine your hourly supervisory fee, and to schedule your hours. Hours will be scheduled in advance and will be binding once they are scheduled. The Stafford SPCA can be very flexible in scheduling your community service hours around your existing schedule.

Initial the sections below to indicate you agree and understand.

_____ If the Stafford SPCA contacts me to schedule an intake interview and I fail to show for the interview, I will be assessed a \$20 **NO SHOW FEE**. This fee must be paid before any community service hours begin. If I am unable to keep my intake interview appointment, I will provide at least 24 hours' notice.

_____ The Stafford SPCA has a zero-tolerance policy regarding smoking, alcohol, and drugs. I agree NOT to smoke on Stafford SPCA 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.

_____ I understand that there is an hourly supervisory fee that will be charged. The amount of this fee will be decided and set during the intake interview. This fee must be paid **IN FULL** before my community service hours can begin at the Stafford SPCA. This fee is non-refundable and will be applied to the Stafford SPCA general operating fund.

_____ If I am under 18 years old, I must bring a parent or legal guardian to the intake interview with me.

_____ I certify that the information in this application is correct to the best of my knowledge and belief. I authorize agents of the Stafford SPCA 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 the Stafford SPCA. I also understand that my community service can be terminated with or without cause and/or notice at any time by the Stafford SPCA. I hereby give permission for my attorney, probation officer, and any other parties to communicate and share freely with the Stafford SPCA any information regarding myself and my history.

Signature

____/____/____
Date

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

____/____/____
Date

**Email this completed form to: CSVsupervisor@staffordspca.org
OR fax this completed form to 866-522-8042**

Stafford SPCA staff use only			
RECEIVED BY: _____	on _____	BKG: _____	INTAKE SCHEDULED: _____
NOTES: _____			
