

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

Court of Jurisdiction: _____

Your attorney's name, if applicable: _____ Attorney's Email: _____

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.

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

For Stafford SPCA staff use only:

RECEIVED BY: _____ **on** _____ **BKG:** _____ **INTAKE SCHEDULED:** _____

NOTES: _____
