

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:		Middle			
Other names used (maiden nar				Last	
other names used (malden na	ne, etc.)				
Date of birth://	/	Social security number:			
Driver's license number:			Stat	e issued:	
Current Address:					
City:	County:		State:	Zip:	
Home phone ()		Cell phone: ()		
Personal email address:					
this emergency contact field to list t over the age of 18, use this field for Emergency contact name:	the best person to co	ontact in the event of an emerg	ency.	_	
Emergency contact address:					
Emergency contact date of birt	h (<i>required</i> if the a	applicant is under 18 years o	old):	/	/
City:	County:		State:	Zip:	
Emergency Contact Phone Nun	nbers: Home: ()	Cell: ()	
Court Information and backg	round informatio	n:			
Detail your current charge(s) th	at require court o	rdered community service	hours. Pleas	e describe a	as needed.

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 <i>must</i> 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 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 be dispensed by Stafford SPCA employees or management.	NOT
Stafford SPCA CSV Supervisor, (540) 842-9936 Updated 03/01/2	:021

Upon receiving this application, the Stafford SPCA will decide 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.

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

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

_____ 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*.

_____ 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.

_____ 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.

______ I understand that if my performance, attendance, attention, or any other factors, causes the Stafford SPCA to reevaluate my hourly supervision fee to a higher amount, I will promptly pay the difference in hourly fees, for the remainder of incomplete hours under my contract, or forfeit any current fees paid. I understand that I will also be prohibited from performing any future community service hours at the Stafford SPCA until the increased supervisory fees have been paid.

______ I certify that the information in this application is correct to the best of my knowledge. 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

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