

***COURT APPOINTED***

***COMMUNITY SERVICE PROGRAM***

Thank you for your interest in fulfilling your community service with the Martinsville-Henry County SPCA. We are always grateful for dedicated workers who join our organization.

**PLEASE NOTE THAT ALL COMMUNITY SERVICE WORKERS MUST BE 16 YEARS OF AGE OR OLDER TO PARTICIPATE.**

**ALL APPLICANTS MUST BE APPROVED PRIOR TO STARTING THEIR COMMUNITY SERVICE.**

**COMMUNITY SERVICE REQUIREMENTS**

Community Service workers will not be approved if their charges fall under the following categories:

* Any charges involving mistreatment or cruelty to animals
* Larceny charges
* Violent assault charges
* Weapons violations
* Drug charges involving narcotics will be screened by the Chief Operations Officer and the Community Service Program Manager for approval.

THE SPCA MAINTAINS THE RIGHT TO DECLINE APPROVAL OF COMMUNITY SERVICE FOR ANY OR OTHER CHARGES THAT ARE NOT LISTED ABOVE.

**POLICIES AND PROCEDURES**

Please read these policies and procedures. If you have any questions, the Director of Development and Communication will be happy to discuss any policy with you.

* **Proper Dress:** Service workers should wear comfortable clothes with freedom of movement. **No open toed shoes** should be worn at the shelter (tennis shoes are probably the best choice).
	+ No pants are to be worn below the belt line.
	+ No shorts or tops that reveal midriff section are allowed at the shelter.
	+ We strongly advise against wearing shorts.
	+ Pants are not to drag the ground (as it spreads disease throughout the building).
	+ Wearing jewelry is not advised when working with animals.
* **Phone Use:** Absolutely **no cell phone** or **electronic device** use is permitted while you are performing your community service hours.
* **Waiver and Release Form:** A Community Service Application must be signed and on file before you begin your hours. This application contains the waiver and release form.
* **Responsibilities:** Animals are to be treated kindly, gently, and within established guidelines.
* **Alcohol and Drugs:** The sale, use, possession or transfer of a controlled illegal substance or alcohol on the SPCA premises is prohibited.
* **Harassment:** Any form of harassment by a worker, volunteer, or staff is not permitted and will lead to disciplinary action, up to and including immediate termination of community service hours. If you are a victim of harassment, please report it to a supervisor immediately.
* **Professional Attitude:** Service workers must take their commitment seriously. They must keep any client data confidential, no names of clients or information are to be discussed outside our organization. Be friendly and courteous to the public at all times. Be neat and accurate. Ask the staff questions if you are not sure of the absolute correct answer.
* **Accidents and Injuries:** Any accident or injury occurring on the job must be reported to a staff member immediately. All injuries require service workers to fill out an incident report. Please ask a front desk staff member or Director of Development and Communication for an incident report.
* **Personal Property:** The SPCA is not responsible for loss, theft or damage of personal items.
* **Visitors and Personal Guests:** Service workers are not allowed to receive personal visitors. Family members may bring you something to eat or drink but must leave the building after delivery. Please instruct family members or friends to wait in the car while you are on duty if that is your ride to and from the SPCA. Workers may not bring children of any age to the shelter while on duty. Service workers may not bring guests or friends into non-public areas at any time.
* **Parking:** Employees, service workers, and volunteers are asked to use the parking spaces to the right of the building or around the back gravel area near the dumpster. Please allow the spaces closest to the entrance for shelter visitors.
* **Equipment:** Workers are not allowed to use shelter equipment and supplies for personal needs. You are not allowed to use shelter computers and software (or other shelter equipment, including telephones) unless given permission by a supervisor.
* **Media Inquiries:** ALL media inquiries must be referred to the Chief Operations Officer.
* **Unauthorized Areas:** Service workers are not permitted in any unauthorized areas without staff approval. If ever in doubt, ask a staff member before entering an area. Entering areas marked for “staff only” is prohibited and grounds for suspension or dismissal.
* **Weapons:** No community service worker shall possess a firearm with them on the premises. This includes having a firearm stored in your vehicle. Box cutters, blades, or pockets knives will not be allowed inside of the building.
* **Reasons for Dismissal:** The SPCA reserves the right to dismiss or terminate community service members for any violation we see fit.

**STATEMENT POLICY**

The possession, use, sale, transfer, manufacture, distribution, or being under the influence of illegal or unauthorized drugs on work time or work property (including parking lots) or at any time or place during the workday, or in a work vehicle is strictly prohibited. Any service worker who violates this rule will be subject to dismissal from the program.

An “illegal drug” is any drug that is not legally obtainable. An “unauthorized drug” is any drug other than alcohol which may be legally obtainable, but for which the associate has no legal prescription, or is using in a manner other than that as prescribed by the service worker’s physician.

Service workers shall not use alcoholic beverages on the job, or report to work under the influence of alcohol. Anyone who violates this rule will be asked to leave and/or be dismissed from the program.

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**SPCA COMMUNITY SERVICE APPLICATION**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Phone: (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any physical, medical or psychological limitations or disabilities? If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been convicted of a misdemeanor or felony?

(We reserve the right to contact your court case manager in regards to this.)

□ Yes

□ No

\*If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of animal neglect or cruelty?

(We reserve the right to contact your court case manager in regards to this.)

□ Yes

□ No

Please summarize your experience with animals:

Please provide two references who know you and their contact information:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person to notify in case of emergency:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours were you assigned by the court to complete? \_\_\_\_\_\_

\*\*Please list ALL charges convicted or pending related to the community service hours:

\*\*If you have been charged with a drug-related incident, you MUST list what drug(s) were involved.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list your court case manager or attorney that is responsible for assigning hours:

 \*\***This is mandatory to complete hours assigned\*\***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\***Absolutely no cell phone or electronic device use is permitted while you are performing your community service hours.**

**If you are found using cell phones or electronic devices, this will possibly result in dismissal. \*\*\***

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF YOU ARE UNDER THE AGE OF 18. PLEASE HAVE YOUR LEGAL GUARDIAN OR PARENT SIGN BELOW.**

I understand that I am the legal guardian or parent for the minor listed above on the application. I understand that I have read through the policies, procedures, and have reviewed the waiver of liability that the minor has signed. I agree to these waivers by signing here.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SERVICE AGREEMENT AND**

**WAIVER OF LIABILITY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, recognize that working with animals at the Martinsville Henry County SPCA places me at physical risk, and I agree to assume that risk. I understand that the SPCA cares for animals with unknown backgrounds and dispositions. These animals may scratch, bite or carry diseases and parasites which pose a potential health hazard for staff, volunteers and other workers. I realize that although the Martinsville Henry County SPCA has taken all reasonable measures to protect me, accidents and injuries may still occur. Therefore, I hereby completely release and entirely discharge the Martinsville Henry County SPCA from any and all claims and causes of action of negligence or gross negligence that I or another might have or bring relating to or arising from any injury or damage that I should sustain while assisting the Martinsville Henry County SPCA or in connection with my work for the Martinsville Henry County SPCA.

I fully understand and agree that I am providing my services in a capacity without any expressed or implied promise of salary or employment benefits. I agree to perform my service duties to the best of my ability and to adhere to agency rules detailed in my orientation. I understand that my involvement may be terminated for any reason if I do not meet my commitment in an appropriate manner. I agree that the staff of the Martinsville-Henry County SPCA may assign any task to me. If I feel the task is not appropriate, I agree to discuss this with the Community Service Program Manager.

I agree that the Martinsville-Henry County SPCA may photograph my participation in this program, and hereby release any such photographs to the Martinsville-Henry County SPCA for use in its programs, publications and purposes.

I recognize and agree that I am to act responsibly while working with or while in the presence of SPCA animals, volunteers and staff. This includes, but is not limited to, striking or verbally abusing animals, staff members, customers and volunteers.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

 **WAIVER REGARDING ZOONOTIC DISEASES**

**IN SERVICE WORKERS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as a community service worker of the Martinsville-Henry County SPCA recognize there are certain zoonotic diseases I may be exposed to. I recognize that there are safety precautions in place that I must follow to protect myself and the animals under my care.

I understand that if I or persons residing within my household contract ringworm, (scabies) sarcoptic mange, lice or any form of skin fungus/bacterial infection, I MUST inform my management team. I will also be required to take a leave of absence until I have been seen by a doctor, treated, and received a clean bill of health. I recognize that the SPCA has the right to deny me entrance to the building until I can produce a doctor-verified clean bill of health.

I understand and agree that these conditions may transfer to the animals under my care, and could cause disease contamination amongst the animals within the SPCA. If it is discovered that I have hidden these truths or misrepresented any information regarding these truths there will be a dismissal from the program, and I will be unable to complete the community service hours I require at the SPCA.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

REV 4/10/25 CDF