**Almost Home Humane Society**

**Court Ordered Community Service Application**

1705 S. 2nd St., Lafayette, IN 47905 Phone: 765-474-5222

Thank you for your interest in completing service hours with us. Before continuing, please read the requirements below.

To complete court ordered community service hours at Almost Home Humane Society you must be at least 18 years old. If you have any of the charges below you are not eligible to complete your service at our facility:

* Felonies
* Assault/Battery
* Theft
* Animal neglect/abuse related charges
* Some drug related charges
* Other charges may be denied at our discretion

**Your application will be reviewed by the volunteer coordinator. You will be contacted to begin your service hours upon approval.**

Your community service hours will be scheduled with the volunteer coordinator and may include tasks such as laundry, sweeping and mopping floors, cleaning animal crates, washing dog and cat bowls, cleaning cat boxes, and other tasks as assigned.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Drivers License or State ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YOU MUST FILL IN ALL INFORMATION BELOW:**

**Offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Final Conviction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How many hours do you have to complete? \_\_\_\_\_\_\_\_\_**

**Deadline: Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your program - Diversion: \_\_\_\_ Probation: \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Caseworker/Probation Officer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Caseworker/Probation Officer phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever been charged with cruelty, abuse, or neglect of an animal? No\_\_\_\_ Yes\_\_\_\_\_**

**If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever been charged with a felony? \_\_\_\_\_ What? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please List an Emergency Contact:**

**First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list any allergies you have:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list any medical conditions you have:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In case of emergency, I authorize AHHS to arrange for emergency medical treatment after attempting to notify the contact listed on my application.**

**Please read CAREFULLY and initial the policies and procedures below that you are to follow while doing your community service:**

\_\_\_\_\_ Wear long pants, closed-toed shoes, and t-shirts (no sleeveless).

\_\_\_\_\_ Alcohol, drugs, weapons, smoking, and vaping are not allowed on AHHS premises.

\_\_\_\_\_You are required to complete your hours on a schedule arranged with the volunteer coordinator. If you can’t make it to your shift, contact us at 765-474-5222 or volunteer@almosthomehumane.org.

\_\_\_\_\_Upon arrival to the shelter immediately sign in on the iPad using the pin number you are given. Failure to sign in and out will cause your hours to NOT be counted.

\_\_\_\_\_ You must be approved by the court or your caseworker to do hours at our facility.

**Please read and INITIAL statements below.**

\_\_\_\_ I agree to perform such work as shall be assigned to me from time to time and to comply with such instructions and regulations as are communicated to me by authorized representatives of the Almost Home Humane Society. I acknowledge that such work is to be performed by me without compensation of any kind, financial or otherwise.

\_\_\_\_\_ I hereby further agree, on behalf of myself, my family, heirs and dependents, to release and save harmless the Almost Home Humane Society and its representatives from any liability for any loss, injury or damage suffered by me during or in connection with such work.

\_\_\_\_\_ I also understand that, should my work performance be found to be unsatisfactory or unacceptable, my opportunity of fulfilling community service hours with the Almost Home Humane Society can be terminated and that this fact may be communicated to the court responsible for my sentence.

\_\_\_ I confirm that the information I presented in this application is true and accurate. I also understand that providing inaccurate information orally or written or failure to provide accurate information may result in the denial of my application.

\_\_\_\_ I confirm that I understand and will abide by the policies mentioned in this application and that my failure to do so may result in the termination of my opportunity to complete community service hours at the Almost Home Humane Society.

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

Volunteer Coordinator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

