



Giving
Hope
Today

Court Ordered Community Hours Form

Name: _____

Full Street Address: _____

Postal Code: _____ Telephone (H) : _____ (C): _____

Email: _____

In case of emergency, please contact _____ Relationship _____

Telephone for Emergency Contact (H) _____ (C) _____

How many hours has the Court ordered for you? _____

Date for hours to be completed? _____

Name of Court _____

Name of Court Supervisor _____

Comments _____

Agreement:

If accepted to do my Court Ordered Hours at The Salvation Army, I agree to the following:

- To participate in designated training sessions when provided to help me in my assignment.
- To fulfill the hours agreed upon.
- If I have 3 "no shows" to my work assignment I will be dismissed.
- To inform my supervisor if I am not able to meet my commitment. I understand that others depend on me.
- To wear required identification when on duty as required.
- To wear modest and appropriate clothing for the performance of my duty and position.
- I understand that I am responsible for all my personal belongings that I bring to the site.
- To maintain strict confidentiality.
- To provide my time and service without remuneration.
- To adhere to the smoke free/drug free environment.
- To support the principles of The Salvation Army and the implementation of the Mission of The Salvation Army while on duty as a volunteer.
- To immediately report all injuries, accidents, or other incidents to my supervisor.
- That I have no right or authority to represent The Salvation Army as an official spokesperson, or to make any contract or binding promise of any nature on behalf of the Organization.

Applicant Signature

Date

Signature of parent or guardian – required for applicants under the age of eighteen (18) years

Date

Signature of Volunteer Coordinator /Supervisor of Volunteers

Date