

Lakes Area Habitat for Humanity

Community Service Volunteer Form

Name: _____

Current Resident Address:

Home Phone: _____

Cell/Alternate Phone: _____

Probation Officer: _____

Probation Officer Phone: _____

Number of Court Ordered Service Hours You are to Complete: _____

Completion Date: _____

Available Hours to work (example, ½ day, full day, weekdays, weekends, after school)

How often do you plan to work?

Anytime

Weekly

Monthly

Quarterly (every 3 months)

Is there anything else you would like us to know about you?

Lakes Area Habitat for Humanity

Community Service Policy and Agreement

- 1.) **I hereby affirm that my service hours are not assigned to me as a consequence of a violent crime, a sexual crime, or a crime of theft. I understand that Lakes Area Habitat for Humanity will under no circumstances permit individuals convicted of the crimes listed above to serve court-assigned hours in partnership with the ReStore.**
- 2.) **All volunteers must fill out a form prior to fulfilling hours.** You may schedule your first day of service with the volunteer coordinator.
- 3.) **We must have a community service verification report from the county** stating that the volunteer is to complete a certain number of hours. **Once hours are complete, the log sheet must be signed by a Habitat for Humanity staff member.**
- 4.) **Appropriate, non-offensive clothing and closed-toed shoes must be worn when volunteering.**
- 5.) **LAHFH expects that all volunteers be helpful and courteous to staff, customers and other volunteers in the ReStore.** When a question arises, ask for help.
- 6.) **All smoking must be done outside the premises.**
- 7.) **Attendance: We just ask that you call in when you are scheduled to volunteer and cannot make it.**
We have a “two strikes and you’re out policy.”
 - **The first time** the volunteer is not present for his or her shift, and does not notify LAHFH before the shift begins, **they will be reminded of the policy.**
 - **The second time the volunteer does this, the volunteer will be terminated** from completing service hours at LAHFH and the probation officer will be notified.

Please review the above information in detail prior signing. By signing, you acknowledge you understand the expectations and policies listed above.

Signature _____

Date _____