

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, 1/2 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.

Signature _____

Date _____

