

Community Service Program Agreement

Please read the following terms of this agreement and initial each line. ____ I have read the Community Service Policies and Procedures and agree to abide by them. ____ I understand that I can be terminated from the Community Service Program is I do not comply with these policies and procedures. ____ I understand that I must wear a name badge sticker at all times. I understand that I am here to do only the tasks assigned to me. Failure to satisfactorily complete tasks may result in termination. ____ I understand that the community service representative on staff must sign off on my hours each shift. ____ I am aware that I have to seek permission from staff to take a break. ____ I agree to treat KHS staff and volunteers with respect. ____ I understand I am not to interact with animals while completing community service hours. ____ I understand that if I am injured while completing service at KHS, I am not covered by KHS. ____ I authorize KHS to seek emergency medical treatment in the event of an accident, injury or illness. ____ I agree to hold KHS, its employees and volunteers harmless in all matters relating to my service as a community service worker, including, but not limited to, personal injury. I have read, understand and agree to the above stated agreement. X _____Date___/__/ Parent/Guardian if under 18 must also sign X Date / /