



Kitsap Humane Society

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 if 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 _____