

(The following statement is to be signed by each assignee before starting the work assignment)

COMMUNITY SERVICE WORK PROGRAM ACKNOWLEDGEMENT AND LIABILITY RELEASE

I, _____, hereby represent to The Salvation Army that, pursuant
(Name of Worker)
to the terms of the Community Service Work Program of the _____ that I have been
(Name of the Referring Court System or Agency if any))
given an opportunity to perform community service:

Check only one box below:	Number of Hours Requested:
<input type="checkbox"/> In lieu of and/or in addition to being fined and/or incarcerated to be completed by ____/____/____ (Date)	_____ total hrs.
<input type="checkbox"/> I am participating in a Transition to Work program	_____ per week
<input type="checkbox"/> I am volunteering with a Group <input type="checkbox"/> I'm a Life Coach	_____ per week
<input type="checkbox"/> I am volunteering for School, Military or On My Own	_____ per week

In that regard, I have voluntarily agreed to perform such work as shall be assigned to me from time to time and to comply with such instructions and regulations as are communicated to me by authorized representatives of The Salvation Army. I acknowledge that such is to be performed by me without compensation of any kind, financial or otherwise.

I hereby further agree, on behalf of myself, my family, heirs and dependents, to release and save harmless The Salvation Army from any liability from any liability for any loss, injury or damage suffered by me during or in connection with such work.

I also understand that, should my work performance be found to be unsatisfactory or unacceptable, my opportunity of fulfillment community service hours with The Salvation Army can be terminated and that this fact will be communicated to the court responsible for my sentence.

Signed _____ Date _____

Witness: _____ Date: _____

Please print legibly:

Name _____

Phone Number (_____) _____

We must be able to contact you.

Email Address: _____

To send info about Volunteer Orientation.

TAKE THE YELLOW 1/2 SHEET ATTACHED FOR INFORMATION ON

VOLUNTEER ORIENTATION

Store Choice: Please circle one

Downtown Poway College Area Escondido Santee Chula Vista Point Loma

Referring Agency:

Contact Agency when processed Yes

Agency Name & Contact: _____

RETURN THIS PAPERWORK:

IN PERSON:

- To your AGENCY, if you are working with one OR
- To the Family Store you will volunteer at OR
- To our Admin Office located at 920 14th St. San Diego, CA 92101 (619) 239-4037 ext. 315

EMAIL:

SanDiego.ARC@usw.salvationarmy.org

FAX: (619) 239-4749