

Community Service Worker Application





ANIMAL CARE AND ADOPTION DIVISION

2400 SW 42nd Street • Fort Lauderdale, Florida 33312 • 954-359-1313 • broward.org/animal

Community Service Worker Application Information and Instructions

Overview

A *Community Service Worker* is an individual who has court-mandated community service hours to complete.



Students who are required to complete service hours for school are considered *Volunteers*, not Community Service Workers. **If you are a student and need to perform community service hours, please complete a Volunteer Application.**

To do community service work at Broward County Animal Care and Adoption Center, you must be at **least 18 years old** and pass a criminal background check (takes approximately 2 weeks). Broward County does not accept anyone for community service work that has a felony offense on their record.

There are a limited number of charges for which Community Service Workers may fulfill their service hours at Animal Care. These charges are limited to:

- Traffic violations
- *Driving Under the Influence (D.U.I.)*

****Please understand that you will NOT be working directly with ANY of the animals.**

Supporting Documentation

You must submit the following documents along with your completed application:

- A copy of your driver license, state identification card or U.S. Passport
- A copy of your court disposition papers

Submitting Your Application

Please bring your application to a Volunteer Orientation.

Schedule at: volunteerbroward.acuityscheduling.com

If your application is approved, you will be assigned to assist Broward County Animal Care and Adoption Section as needed.



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Community Service Worker Application

Personal Information				
Last Name	First Name		Middle Initial	
Home Address		City	State	Zip
Social Security Number		Date of Birth		
Home Phone	Mobile Phone	Work Phone		
Education		Skills		
Email				
Contact In Case of Emergency				
Name		Relationship		
Home Phone	Mobile Phone	Work Phone		

The above information is accurate and correct to the best of my knowledge

_____ Applicant Signature

_____ Date

Office Use Only		
Date	Shelter Location	Site Coordinator
<p>If court ordered community service, are copies of court disposition, photo ID and community service sign-in sheet (<i>court time sheet</i>) attached? <input type="checkbox"/> Yes (This sheet must be used to record hours)</p> <p>Upon completion of the assigned community service hours, please forward a completed/signed copy of the community service sign-in sheet, together with the completed/signed community service certification of time form to the address listed below. The original forms must be forwarded to the Broward County Court Probation Officer (<i>or Clerk of the Court, or Judge when applicable</i>).</p> <p>Is Community Service Worker under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please forward original signed application and any agreement or consent forms to:</p> <p>Volunteer Community Service Coordinator Animal Care and Adoption Section 2400 SW 42nd Street Fort Lauderdale, FL 33312</p>		



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**Community Service Worker Application
Equal Employment Opportunity Information**

The following is requested on a voluntary basis. We need the information in order to evaluate the effectiveness of our equal employment opportunity affirmative action plan and it will be used only for research analysis purposes. Information provided on this form will not aid or hinder your chances of being selected.

Personal Information		
Name		
Social Security Number	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Job Position Applied For		
Race/Ethnic Categories (check one)		
<input type="checkbox"/> White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.		
<input type="checkbox"/> Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.		
<input type="checkbox"/> Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.		
<input type="checkbox"/> Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, The Philippine Islands and Samoa.		
<input type="checkbox"/> American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.		

If you require any accommodation to any community service duties of this position due to functional limitations, please see below. This information is voluntary and kept confidential.

I prefer not to divulge this information

Applicant Signature

Date

Explanation of accommodation(s) required:

Office Use Only

Division

Date

Work Location

Site Coordinator



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Community Service Worker Application
Community Service Worker Standards of Conduct

All community service workers must abide by the policies which also govern the conduct for employees in the following areas: (a.) Conflict of Interest; (b.) Accepting or Soliciting Gift; (c.) Code of Ethics; (d.) Non-discrimination

Community service workers are personally and professionally obligated to serve the public with honesty and integrity. It is essential that community service workers maintain the trust of the public, the County Commission, and co-workers as the many thousands of decisions which go into the operations of County programs are made.

A. Conflict of Interest

Avoiding the appearance or reality of a conflict of interest forms the basis for the County's ethics policies. Public employment (including community service participation) is not to be used for unauthorized personal gain. Any conflict between personal interests and official responsibility is to be resolved by consciously avoiding possible conflicts or disclosing the basis of a conflict or possible conflict to a supervisor so that, if necessary, decisions can be reviewed or made by others.

- 1. Would a prudent outside observer think that a community service worker was influenced in official actions by some offer or expectation of personal gain?
2. Would a situation embarrass or reflect poorly on the community service worker or the County if it became publicly known?
3. If the answer is likely to be "yes" or even "possibly", the decision should be made to avoid the issue of conflict of interest from arising.

B. Accepting or Soliciting Gifts

Basic County policy is that community service workers are not to accept or solicit gifts. A "gift" is a thing of value to the recipient and can include such items as a cash payment, loan, gratuity, honoraria, service, favor, or promise of future employment. A gift received by a member of the community service worker's immediate family would also fall into this category.

The basic policy that community service workers are not to accept or solicit gifts is not meant to apply when:

- 1. A gift is of nominal value of \$5.00 or less.
2. A gift is given or exchanged by employees/community service workers on occasions such as birthdays, retirement, marriage, service anniversaries, etc.
3. A professional or public award is given, reflecting positive performance or community service.
4. A gift is exchanged or given by a relative where a family relationship, rather than business relationship is involved.
5. Food is consumed at a public, professional, or community reception.
6. Trade discounts or inducements are offered to the general public or to private groups such as professional, religious, or service organizations that are not limited in membership only to county employees/community service workers.

C. Code of Ethics

Central to the standard of ethical conduct is the Board of County Commissioners' policy that no officer, employee or community service worker shall have any interest, financial or otherwise, direct or indirect, or engage in any business transaction, or professional activity or incur any obligation of any nature which is in conflict with the discharge of his/her duties in the public interest.

D. Nondiscrimination

It is the policy of Broward County Government that all employees and community service workers should be able to enjoy a work environment free from all such forms of discrimination, including sexual harassment. No employee or community service worker - whether male or female - should be subjected to unsolicited and unwelcome sexual overtures or conduct, whether verbal or physical.

I have read and understand that as a community service worker, I must abide by the Standards of Conduct, including the Conflict of Interest statement, the Accepting or Soliciting Gifts statement, the Code of Ethics statement and the Nondiscrimination statement.

Applicant Signature

Parent/Guardian Signature (if under 18)

Site Coordinator Signature

Print Name



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Community Service Worker Application
Community Service Worker Agreement

I _____, agree to perform _____ hours of unpaid service.

I agree to abide by the following conditions of the program:

- 1. I will follow the work schedule that will be arranged for me by my supervisor at the Broward County Animal Care and Adoption Center where I will be performing community service. I understand that this schedule can be altered with the permission of my supervisor.
2. As I will be responsible for providing my own transportation to my assigned job site, I agree to report no later than the designated time for that particular job. I also understand that I am not to leave the job site without permission from the Community Service Counselor or until dismissed by the agency representative at the job site.
3. I understand that should I experience any difficulties or problems in performing the services/work assigned, I am to contact my Community Service Counselor for resolution of the problem.
4. Should my contribution of services be unsatisfactory or be performed with an uncooperative attitude, as assessed by the agency representative or Community Service Counselor, the assignment will be terminated.
5. I understand that I have agreed to work a specific number of hours at the Broward County Animal Care and Adoption Center for Community Service and that while in the Community Service Program, if I fail to work on any successive weekend or fail to appear for work at another specified time – for any reason – I may be terminated from the Community Service Program.
6. I accept full responsibility for all medical expenses due to injury or illnesses incurred during my participation in the Community Service Program and further attest to the fact that I have no health problems that would hinder or be aggravated by my participation in this program.

I _____, the participant, shall hold Broward County and its agents and servants and employees harmless from and against any claim, demand or cause action of whatsoever kind or nature (including attorney's fees) howsoever the same may be caused resulting directly or indirectly from the nature of service rendered by this agreement.

Applicant Signature

Date

Print Name

Parent/Guardian Signature (if under 18)

Date

Print Name



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**Community Service Worker Application
Rules and Regulations for Community Service Program Participants**

1. Tardiness or failure to report for work will not be tolerated. Sign IN and OUT accurately on the Community Service Sign-in Sheet provided from the appropriate authorities. No credit can be applied for community service hours worked without the verification by the site coordinator/designee.
2. Community Service Program participants will be responsible for providing their own transportation to the assigned job site and must report no later than the designated time for that particular job in appropriate attire.
3. Community Service Program participants may not leave the work site until dismissed for lunch or for the day by the site coordinator/designee. In either situation, the community service participant must sign out; and upon return to the site, must sign in again for continuing service.
4. All assigned tasks are to be performed promptly and properly. Should the contribution of services be unsatisfactory or be performed with an uncooperative attitude, as assessed by the agency representative or community service counselor/probation officer, the assignment will be terminated.
5. Confrontations with site coordinator/site staff will not be tolerated. Any problems with site staff will be brought to the attention of the community service counselor/probation officer. Be polite toward the public and staff.
6. The use or possession of alcohol or drugs at a work site is prohibited. Reporting to work while under the influence of alcohol or drugs will result in immediate dismissal from the work site. The community service counselor/probation officer will be notified so that appropriate action may be initiated.
7. The possession of any weapon (including knives) at a work site is prohibited.
8. If for any reason the community service participant is tardy or must miss work, he/she must contact the work site coordinator.
9. The community service participant must abide by all regulations and procedures required by the community service counselor/probation officer and Community Service Program staff at the work site.
10. Upon termination from work site for unsatisfactory performance or violation of the above rules, the probationer is to immediately contact his probation officer.
11. Community Service sign in sheet, when used for recording hours for community service participants, is an official document. Any attempts to alter, falsely report or sign off on inaccurate or incorrect information is a criminal offense and may lead to prosecution and/or violation of probation (this applies to community service worker and signing official).
12. I accept full responsibility for all medical expenses, bodily injury, illness or mental anguish incurred and will not seek benefits for any loss of wages, in any way, during my participation in the community service while assigned to the Broward County Animal Care and Regulation Division. Further, I attest to the fact that I intend to hold this entity harmless completely and that I have no health problems which would hinder or be aggravated by my participation in the Community Service Program.

Applicant Signature

Date



BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
 Finance and Administrative Services Department
 Risk Management Division | Safety & Occupational Health Section
ACKNOWLEDGEMENT, AUTHORIZATION AND REQUEST
FOR CRIMINAL BACKGROUND INFORMATION

ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK AND RECORD RELEASE

Check appropriate box for: **Employment, Volunteer or Community Service Worker**

Employment **Volunteer** **Community Service Worker (court ordered)**

I acknowledge receipt of the separate documents entitled **BACKGROUND INVESTIGATION DISCLOSURE** and **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**, and certify that I have read and understand both of the documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Broward County at any time after receipt of this Authorization and throughout my employment or period of volunteer service, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested. These searches will be conducted by Applicant Insight, Inc. 5652 Meadowlane St., New Port Richey, Florida 34652, 1-800-771-7703, Email address: customerservice@ainsight.com and/or Broward County, itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

PERSONAL INFORMATION – ALL SPACES MUST BE COMPLETED

First Name: _____ Middle Name: _____ Last Name: _____ NA Name: _____ Suffix: _____

Other Prior Names/Maiden Names/Aliases: _____

DOB: ____ / ____ / ____ Gender: Male Female _____ Social Security Number

Race: (Check One) White-Not Hispanic Black-Not Hispanic Hispanic Asian/Pacific Island American Indian/Alaskan Native

Current Address: _____

How long have you lived in Florida? ____ Years ____ Months Driver's License: ____ License Number ____ State ____ Expiration Date

Previous Addresses: _____
 Out of the state of Florida. Must be completed if you have lived in Florida for less than 10 years.

CRIMINAL RECORD (if any)

Since your 18th birthday, have you been convicted of or entered a plea of guilty or nolo contendere (no contest) to any violations of law. You must include all felonies and misdemeanors, other than non-criminal traffic offenses, even if adjudication was withheld?

Yes No If yes, please provide the following information: (use a separate sheet of paper if multiple records exist)

Offense: _____ Misdemeanor Felony

Name & Location of court: _____

Court Disposition: _____ Date: _____

Note: A conviction does not automatically disqualify you. The nature of the offense, how long ago it occurred, relationship to your duties and agency assigned, etc. will be given consideration.

Printed Name: _____

SIGN ▶ _____ Date: _____

Candidate/Volunteer Signature

