Court Ordered Community Service or SNAP Benefit Volunteer Information

Thank you for your interest in serving your court ordered community service/SNAP Benefit hour requirements with Project 150.

We look for dependable, flexible, and compassionate community service volunteers who are capable of responding to various situations and interacting with people.

Please Note: Project 150 reserves the right to deny any potential volunteer or terminate any existing volunteer for any reason, any time.

Requirements/Important Information:

- We **do not** accept court ordered community service for any theft or drug related offense, (shoplifting, burglary, larceny, grand theft auto, possession etc.), assault/battery, offenses against children or weapons related offenses.
- We **do not** accept walk-ins, if your application is approved, paperwork can take up to 10 days, so if you are in need of immediate hours, we will not be able to accommodate you.
- You must complete the Court Ordered Community Service Volunteer Form **in full.** Completing and submitting the form does not guarantee placement in our Volunteer Program.
- You must be 16 years or older.
- You must be available to volunteer during Project 150 office hours, which are Monday through Friday, 9 AM to 4 PM. **NO WEEKENDS or EVENINGS**. Most community service shifts are between 9:00a – 12:00p or 12:00p – 4:00p.
- You are responsible for tracking your hours and notifying the Project 150 Volunteer Coordinator of any forms, letters or signatures you need at your initial interview.
- NO-shows for scheduled hours will not be tolerated, no-shows and chronically tardy volunteers needing hours for community service/SNAP benefits will be referred to another non-profit to complete the remaining hours.
- If you are completing hours for monthly SNAP benefits, you may only complete 3 consecutive months with Project 150. After the three months you will need to seek another organization for your continued hours.

Court Ordered Community Service or SNAP Benefit

Volunteer APPLICATION

PLEASE PRINT NEATLY

This application must be completed in FULL to be considered.

Name_____ ☐ Male ☐ Female
First Last

Address_____Apt. /Unit# _____

City_____ST_____Zip _____

How long at this address_____

Best Contact Number (_____) _____Email Address _____

Please include your age & birth date: Age_____ Birth Date _____/_____/_____
Month Day Year

In case of emergency, who is the person to contact? _____
Relationship to you _____Phone # (___) _____

How many hours do you need? _____Date hours must be completed by: _____

**It is your responsibility to notify the Project 150 Volunteer Coordinator at LEAST three days prior if a letter verifying completion of these hours is required.

What were you charged with? (You will be asked to bring in a copy of the court documents).

_____

_____

_____

Please list the name and contact information of your probation officer / case handler / counselor:

Name_____ Title_____

Company Name_____

Email Address:_____

Address_____City, ST, Zip_____

Phone_____

Do you drive? □ Yes □ No Driver's License Number & State _____

If you are under 18 years of age, please provide the name and contact information for your parent or legal guardian:

Name_____Relationship_____

Employer/Business_____

Home Address_____City, ST, Zip_____

Phone_____Email_____

Community Service Hours are only available Monday-Friday 9am-4pm

Day(s) of the week are you able to volunteer. □ Mon □ Tues □ Wed □ Thurs □ Fri

*Please be advised if you no-show for a scheduled volunteer shift for community service/SNAP Benefits, you will be asked to complete your hours at another non-profit organization. You may only volunteer a maximum of 3 consecutive months at Project 150 for your continued SNAP benefits.

VOLUNTEER AGREEMENT & AUTHORIZATION

I understand the importance of this volunteer commitment and have answered the application questions honestly and to the best of my knowledge. I understand that falsified information on this application shall be grounds for immediate dismissal from the volunteer program. I give Project 150 permission to verify the information I have provided in this application. Furthermore, as a volunteer for Project 150
I, the undersigned, exempt and relieve Project 150 and their directors, trustees, employees and staff from liability for personal injury, property damage or wrongful death caused by negligence. I understand that Project 150 does not require my participation as a volunteer. I hereby release and discharge Project 150 and their directors, trustees, employees and staff from all claims and liability including all claims and liabilities from negligence arising from my participation as a volunteer. I further agree to hold harmless and indemnify Project 150 and its agents for all defense costs, including attorney's fees, and any other costs resulting in connection with my participation as a volunteer for Project 150. I understand my role as a volunteer at Project 150. I agree to follow their guidelines, policies and procedures as presented to me in the orientation, interview and training. If I do not follow these guidelines, my volunteer service will end.

Applicant Signature _____ *Date* _____

Applicants under the age of 18 years old must have the following section completed by a parent or legal guardian:

I, _____, represent to Project 150 Las Vegas that I am the parent/legal guardian of the Applicant whose signature appears above. I have read and understand the above Volunteer Agreement & Authorization and hereby give my consent and permission for my child to participate as a volunteer for Project 150. On behalf of the above Applicant, I agree and accept all of the provisions of the foregoing Volunteer Agreement & Authorization.

Parent/Guardian Signature _____**Date** _____

Please email this completed form to mariahluce@project150.org or call 702-721-7150 ext 102 for assistance.