



BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
ANIMAL CARE AND REGULATION DIVISION

COMMUNITY SERVICE WORKER APPLICATION

NAME: (PLEASE PRINT CLEARLY) (Last) (First) (Middle) DATE:

ADDRESS: CITY: ZIP:

SOCIAL SECURITY NUMBER: - - DATE OF BIRTH:

HOME PHONE: ( ) WORK PHONE: ( ) CONTACT IN CASE OF EMERGENCY:

(Name) (Relationship) (Home phone) (Work phone)

EDUCATION: SKILLS:

LANGUAGES SPOKEN AND WRITTEN:

THE ABOVE INFORMATION IS ACCURATE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: DATE:

\*\*\*\*\* FOR DIVISION USE (MUST BE COMPLETED BY SITE) DATE:

SHELTER LOCATION: SITE COORDINATOR:

IF COURT ORDERED COMMUNITY SERVICE, ARE COPIES OF COURT DISPOSITION, PHOTO ID, AND COMMUNITY SERVICE SIGN-IN SHEET (COURT TIME SHEET) ATTACHED? YES. THIS TIME SHEET MUST BE USED TO RECORD HOURS.

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 (AC/CSW-) TO THE ADDRESS LISTED BELOW. THE ORIGINAL FORMS MUST BE FORWARDED TO THE BROWARD COUNTY COURT PROBATION OFFICER (OR CLERK OF THE COURT, OR JUDGE, WHEN APPLICABLE).

IS COMMUNITY SERVICE WORKER UNDER AGE 18? YES NO IF YES, IS PARENTAL CONSENT FORM ATTACHED? YES

Please forward original signed application and any agreement or consent forms to: VOLUNTEER/COMMUNITY SERVICE COORDINATOR ANIMAL CARE AND REGULATION DIVISION, 1870 SOUTHWEST 39TH STREET, FORT LAUDERDALE, FL 33315 AC/CSW-01 (10/07)

**BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS  
ANIMAL CARE AND REGULATION DIVISION**

**EQUAL EMPLOYMENT OPPORTUNITY INFORMATION FORM**

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 and analysis purposes. Information provided on this form will not aid or hinder your chances of being selected.

DATE: \_\_\_\_\_  
SOCIAL SECURITY NO: \_\_\_\_\_  
NAME: \_\_\_\_\_  
JOB/POSITION APPLIED FOR: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
SEX: \_\_\_\_ FEMALE \_\_\_\_ MALE

**RACE/ETHNIC CATEGORIES (check one)**

- \_\_\_\_\_ **WHITE** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- \_\_\_\_\_ **BLACK** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- \_\_\_\_\_ **HISPANIC**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- \_\_\_\_\_ **ASIAN OR PACIFIC ISLANDERS**: 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.
- \_\_\_\_\_ **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 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.

\_\_\_\_\_ **CSW SIGNATURE**                      \_\_\_\_\_ **DATE**

**Explanation of accommodation required:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Division Use Only: Division: _____ Date: _____ Work Location: _____ Site Coordinator: _____
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**BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS  
ANIMAL CARE AND REGULATION DIVISION**

**COMMUNITY SERVICE WORKER AGREEMENT**

I, (please print clearly) \_\_\_\_\_, agree to perform \_\_\_\_\_ hours of unpaid community service at the \_\_\_\_\_ Fort Lauderdale \_\_\_\_\_ Pompano Animal Shelter (please check one).

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 Shelter where I will be performing the 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 in the Broward County Animal Care and Regulation Division 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.
- 7) "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".

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_  
Print Name Clearly \_\_\_\_\_  
Signature of Parent or Guardian (if under age 18) \_\_\_\_\_ Date \_\_\_\_\_  
Print Name Clearly \_\_\_\_\_

**AC/CSW-05 (10/07)**

**BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS  
ANIMAL CARE AND REGULATION DIVISION**

**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.

\_\_\_\_\_  
SIGNATURE OF COMMUNITY SERVICE WORKER  
AC/CSW-06 (10/07)

\_\_\_\_\_  
DATE

Board of County Commissioners, Broward County, Florida  
FINANCE & ADMINISTRATIVE SERVICES DEPARTMENT  
RISK MANAGEMENT DIVISION  
SAFETY & OCCUPATIONAL HEALTH SECTION

REQUEST FOR CRIMINAL BACKGROUND INFORMATION

RECORD RELEASE AND REFERENCE AUTHORIZATION

I understand that actual employment with Broward County is subject to satisfactory completion of a background check including verification of my education, previous employment, criminal records, and driving records as recorded in the personnel or other records of any previous employer, law enforcement organization, state agencies, or any school I have attended. If selected, I also authorize Broward County to contact my present employer for employment verification and work reference. Further, I release Broward County from any liability whatsoever in connection with such a background verification or the use of the results therefrom in the employment process.

**ALL SPACES MUST BE COMPLETED**      *APPLICANT PLEASE PRINT OR TYPE*

Applicant's Name: \_\_\_\_\_  
Last First Middle

Other Prior Names / Aliases / Maiden Name: \_\_\_\_\_

Race / Ethnic Categories:    White(not of Hispanic origin)       Black (not of Hispanic origin)   
Hispanic     Asian or Pacific Islander     American Indian or Alaskan Native

Sex:    M     F       Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MM/DD/YY

Drivers License # \_\_\_\_\_      State: \_\_\_\_\_

How long have you lived in Florida?    Years \_\_\_\_\_    Months \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous addresses *out of the state of Florida*: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_      Date \_\_\_\_\_

**HIRING DIVISION USE ONLY (MUST BE COMPLETED)**

Job Title: Community Service Worker      BPN: -0-

Certification # \_\_\_\_\_

Will applicant work with children as described in applicable Florida Statutes?    Yes \_\_\_\_\_    No \_\_\_\_\_

Will applicant handle currency (checks, money orders and/or cash)?    Yes \_\_\_\_\_    No \_\_\_\_\_

REQUESTED BY Animal Care and Regulation  
Division

Contact Name (PRINT) \_\_\_\_\_      Phone # \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**RISK MANAGEMENT / HUMAN RESOURCES USE ONLY**

QUALIFIED       OFFER WITHDRAWN       NOT QUALIFIED

SIGNATURE \_\_\_\_\_      DATE \_\_\_\_\_