

# Community Service Contract

The First Selectman must approve the application of any applicant requesting community service for the Town of East Haddam before the start of any work.

## Applicant Information

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Medical Contact Information: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parents Name & Address: \_\_\_\_\_

(if applicant under the age of 18) \_\_\_\_\_

Parents Telephone: \_\_\_\_\_

## Community Service Information

Type of Community Service: Court Ordered \_\_\_\_\_ Volunteer \_\_\_\_\_

Number of Community Service Hours Needed: \_\_\_\_\_

List Any Work Limitations: \_\_\_\_\_

Location of Community Service: \_\_\_\_\_

Supervisor of Community Service Work: \_\_\_\_\_

Potential Schedule for Community Service:

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Name and Address to Report Completed Hours: \_\_\_\_\_

(ex. court, school, church) \_\_\_\_\_

**The supervisor of the community service work is responsible for tracking and recording the hours worked by the applicant. Upon completion of the required hours written verification must be submitted to the First Selectmen's Office. The First Selectman will then issue a completion letter to the appropriate agency attesting to the completion of the hours worked.**

**Hold Harmless Agreement**

I, \_\_\_\_\_ make application to the Town of East Haddam to conduct court ordered/volunteer community service work. I understand that I am under the direct control of my community service supervisor and employees of the Town of East Haddam and will abide by instructions and directives given to me. I further understand that I will not go into any unauthorized areas or offices without first asking permission and, if needed, being escorted. I also understand that I am not to use any equipment I have not been authorized to work with.

I further understand that I will report as agreed upon and complete the work required, or, proper authority will be notified. It is agreed to by me that repeated failure to show for work, lateness to work or not completing my assignments may result in the termination of my community service work and a report being filed with the proper authority. I further state that I have advised the proper supervisor of the Town of East Haddam of any known medical condition that may prohibit me from performing certain types of work.

I further release, hold harmless, for myself and for my heirs, assigns, successors, executors, administrators, and legal representatives, agree that I will not sue the Town of East Haddam, or its agents, servants, or employees, from or regarding any injury or loss to person or property, including wrongful death or emotional injury, that I may sustain while performing community service work for the Town of East Haddam, even if such injury or loss was caused by the negligence of the Town of East Haddam or its agents, servants or employees.

I do understand that if I am injured while performing assigned work I will report it immediately, but as I am not an employee of the Town of East Haddam I have no right to claim a worker's compensation injury. Further, that I will be responsible for any medical bills should I become injured. I also know that if I am given a task and I am not familiar with a piece of equipment that I will ask for training in its use, or, that I can decline to use the piece of equipment, such as a power tool. By my use of the tool I state that I know how to use it safely and properly.

Approval of Community Service Supervisor

\_\_\_\_\_  
(Printed Name & Title)

Agreement of Applicant

\_\_\_\_\_  
(Printed Name)

Approval of First Selectman

\_\_\_\_\_  
Bradley P. Parker, First Selectman

Agreement of Parent or Guardian

*(if applicant under the age of 18)*

\_\_\_\_\_  
(Printed Name)

