rev. 2/08

Loaves & Fishes Community Service Form

Welcome to Loaves & Fishes (L&F). We appreciate the addition you will make to our services. L&F, represented by staff, has made an agreement with the Department of Social Services, other programs and schools to allow you to complete your service hours here. In return you are expected to conduct yourself as a paid employee and to agree to the following conditions before your first shift.

1) Set up a work schedule with the Administrative Assistant.
2) Report to Kitchen Manager (KM), your direct supervisor at the beginning and end of each shift.
3) Arrive on time, ready and with a willingness to work - to do whatever is needed.
4) Leave when work is completed, or when you are dismissed for the day.
5) Call if you are unable to be at work as scheduled: if you are sick, etc.
6) You may have a short meal break, as scheduled by the KM. You are expected to work at all other times.
7) You are responsible for making sure this sheet is signed by the KM each day.
8) You are responsible for obtaining a verification letter from the KM at the completion of your total hours.

L&F is a group effort. Thank you for choosing us as your community service detail.

I understand that I may be dismissed if I do not meet these stated requirements, and I agree to the above.
Date _____

Name_____ Phone _____Email _____

Address_____ City_____ State_____Zip _____

HOURS WORKED: **# of Community Service Hours Needed: _____**

Date	Hours	KM signature	Date	Hours	KM signature

[Continue hours on back of this sheet if needed]

L&F does not have insurance for volunteers/community service workers. Read the following and sign below:

HOLD HARMLESS AGREEMENT

As a participant in the program of Loaves & Fishes of Tompkins County Inc., the undersigned agrees to be responsible for any Bodily Injury, Sickness or Property Loss/Damage sustained while serving as a volunteer.

Further, the undersigned agrees to hold harmless the entities known as Loaves & Fishes of Tompkins County Inc. and St. John's Episcopal Church, their employees, agents, directors, other volunteers and participants for Bodily Injury, Sickness or Property Loss/Damage sustained while serving as a volunteer for Loaves & Fishes.

Witness: _____ Volunteer: _____ Date_____

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HOURS WORKED:

Date	Hours	KM signature	Date	Hours	KM signature