SECOND HARVEST
NORTHLAND

COMMUNITY SERVICE VOLUNTEER AGREEMENT

SECOND HARVEST NORTHLAND
Community Service Volunteer Requirements

Second Harvest Northland offers volunteer opportunities for court-ordered individuals on a case-by-case, limited basis.

We may be able to fulfill volunteer requirements for:
- Misdemeanor drug (marijuana only), alcohol, traffic, theft, or other non-violent crimes

We are unable to fulfill volunteer requirements for:
- Felony offenses or violent misdemeanors
- Convictions for violent crimes, crimes of sexual nature, or convictions that conflict with the volunteer opportunity

COMMUNITY SERVICE VOLUNTEER REQUIREMENTS

- All community service volunteers are required to complete a Volunteer Application/ Agreement and Community Service Volunteer Agreement
- Show for scheduled shift only when notified and scheduled to do so
- Listen, follow instructions, behave appropriately
- Remain in designated areas and under the direct supervision of those assigned to you
- Abide by any other assigned requirements or procedures related to the volunteer opportunity

Second Harvest Northland reserves the right to excuse community service volunteers whose conduct disrupts or poses a safety threat to our operation, themselves, or others.

SECOND HARVEST
NORTHLAND

COMMUNITY SERVICE VOLUNTEER AGREEMENT

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

OFFENSE INFORMATION

ID#: _____ Case #: _____

Offense: _____

Required Hours: _____ Required Completion Date: _____

How many hours are you requesting to complete at Second Harvest: _____

Referring County: _____ Referring County: _____

Contact Phone: _____ Contact Email: _____

VERIFICATION REQUIRED UPON COMPLETION OF HOURS (Please check all that apply):

_____ Letter, on Second Harvest Letterhead

_____ Signed Form

_____ Other: _____

By signing this Community Service Volunteer Agreement, I acknowledge that I have been truthful in disclosing my offense listed above. I have read and understand the requirements of this volunteer opportunity and further understand that I may be excused from this opportunity at any time and for any reason. If I am excused, I understand that the contact named above from my referring county may be contacted.

_____ _____

Date Volunteer Signature