



## **Court Ordered Community Service Policies and Procedures**

The Chester County Food Bank (CCFB) offers volunteer opportunities for individuals with court mandated service hours on a case-by-case basis. We reserve the right to deny any court-ordered individual the opportunity to volunteer with the CCFB based on nature, type and/or specifics of their offense. However, it is also the policy of this organization to provide equal opportunity without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Potential volunteers must provide written documentation from the court, probation officer and/or their attorney stating number of hours required and by what date, as well as the specifics of the offense.

CCFB will not accept a volunteer for community service with certain serious offenses including but not limited to:

- Violent Offenses
  - Armed Robbery
  - Assault and/or Battery
  - Aggravated Assault (assault with a weapon)
  - Arson
  - Kidnapping
  - Robbery
  - Statutory/Sexual Offense
- Burglary or theft

Additionally, if after a reasonable amount of time served it is determined that the volunteer is not fulfilling his/her obligation, the CCFB reserves the right to release them from their commitment. Their probation officer will be advised immediately upon separation.

### **Court Ordered Community Service Approval Process**

NOTE: please allow up to 5 business days from the date of application for the approval process to be completed.

1. Complete and return a Community Service Application and attend an interview.
2. Approved applicants must submit the following documentation via fax, mail, email or in-person before your first volunteer day: paperwork from probation officer, court, or attorney stating individual's name, specific offense(s) committed, number of hours required, time limit to complete court ordered hours, and the name and contact information of the probation office or attorney.
3. Once hours are complete, the timesheet provided by the court must be turned into the Volunteer Manager, who will then provide a validation letter within 2 weeks. It will be written on official letterhead stating how many hours were completed, and in what capacity (ie: farm, warehouse, kitchen, etc).

For questions regarding the policy and procedures, or to schedule an interview, contact Lauren Van Dyk, Volunteer Coordinator at [lvandyk@chestercountyfoodbank.org](mailto:lvandyk@chestercountyfoodbank.org) or 610.873.6000.



# Court Ordered Community Service Application

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have any medical conditions that could limit your volunteer ability? \_\_\_\_\_

Approximately how many pounds do you feel comfortable lifting? \_\_\_\_\_

Education: \_\_\_\_\_ Current Employer: \_\_\_\_\_

### Court Ordered Hours

Number of hours needed: \_\_\_\_\_ Completion deadline: \_\_\_\_\_

Will you need written confirmation of hours served from the CCFB? **YES** **NO**

Description of offense (**required**): \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

### Availability

What hours are you available to volunteer on a weekly basis? Check all that apply and list timeframe next to each day:

- |                                     |                                       |                                      |
|-------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Monday AM  | <input type="checkbox"/> Wednesday AM | <input type="checkbox"/> Friday AM   |
| <input type="checkbox"/> Monday PM  | <input type="checkbox"/> Wednesday PM | <input type="checkbox"/> Friday PM   |
| <input type="checkbox"/> Tuesday AM | <input type="checkbox"/> Thursday AM  | <input type="checkbox"/> Saturday AM |
| <input type="checkbox"/> Tuesday PM | <input type="checkbox"/> Thursday PM  | <input type="checkbox"/> Saturday PM |

### Case Worker/Probation Officer

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

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

### Agreement & Signature

I hereby certify that all entries on this application are true. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in service to the CCFB. I understand that information is subject to verification and I consent to criminal history background checks. I also consent to employers and education institutions listed being contacted regarding this application. I further authorize the CCFB to reply upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated on a need-to-know basis for good cause shown as determined by the CCFB.

Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_