City of Moore
Office of the City Manager | 301 N. Broadway, Moore, OK 73160 | (405) 793-5200 | www.cityofmoore.com

City of Moore's
Community Service Work Program

The City of Moore Community Service Program is administered through the City's Community Service Coordinator. The Program is designed to provide no cost manpower to the City of Moore and act as a mechanism for individuals to defer fines and penal institutionalization while performing community service work.

The Coordinator will have the sole discretion of administering the program. The placement and assignment of work days and hours will be determined by the Coordinator. Placement of a client will be made for the benefit of the City/Authority. However, the client will have no claim to compensation or worker's compensation benefits.

The City/Authority retains the right to terminate a client from the program at any time without notice. A client may automatically be terminated for failing to comply with the terms and conditions of the program; being absent on the client's assigned day(s) and hour(s) to work; unsatisfactory performance; or exhibiting poor, uncooperative attitude. DRESS CODE OF SHIRT, PANTS AND CLOSE TOE SHOES REQUIRED: NO JEWELRY, NO OBSCENE SHIRT OF ANY KIND, NO TANK TOPS, NO HALTER TOPS, NO OPEN TOE SHOES.

Each client is required to complete and execute certain documents and identification prior to commencing community service work for the City/Authority. A client failing to complete or execute the required forms will not be allowed to participate in the program.

If client has any questions or a problem should arise, they are to contact the Coordinator at 405-793-5203.

I HAVE READ AND UNDERSTAND THE ABOVE:

_____ DATE: _____

City of Moore
Oklahoma

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MOORE COMMUNITY SERVICE PROGRAM

I AGREE TO OBEY ALL RULES THAT APPLY TO COMMUNITY SERVICE WORKERS FOR THE CITY OF MOORE. I WILL INFORM THE COORDINATOR OR THEIR DESIGNEE OF WHEN I ARRIVE AND WHEN I AM LEAVING MY DESIGNATED SERVICE AREA AND ACKNOWLEDGE THAT ALL INFORMATION I GIVE NEEDED FOR THE COMMUNITY SERVICE PROGRAM IS TRUE AND CORRECT.

_____
SIGNATURE

INFORMATION NEEDED FOR COMMUNITY SERVICE PROGRAM:

DATE: _____

NAME: _____

AGE: _____

ADDRESS: _____

PHONE NUMBER: _____ EMERGENCY #: _____

CASE NUMBER: _____

VIOLATION: _____

NUMBER OF COMMUNITY SERVICE HOURS: _____

_____
COMMUNITY SERVICE WORKER SIGNATURE

COMMUNITY SERVICE APPROVED BY:

CS COORDINATOR: _____

CITY OF MOORE PLACEMENT: _____

CITY OF MOORE
COMMUNITY SERVICE/VOLUNTEER AGREEMENT

This agreement is made and entered into on the _____day of _____,

20_____, by and between the City of Moore and _____.

I,_____, have agreed to participate in the City of Moore's

Community Service/Volunteer Program. I understand that I am not an employee of the City of Moore or entitled to any payment for services rendered. I further understand that as a volunteer/community service worker, I am not covered by workers' compensation benefits or other insurance for injuries which may occur during this service. I acknowledge that I am a volunteer/community service worker under the purposes of the Fair Labor Standards Act.

_____

SIGNATURE OF VOLUNTEER/COMMUNITY SERVICE WORKER

ANYONE VOLUNTEERING OR DOING THEIR COMMUNITY SERVICE AT THE MOORE ANIMAL SHELTER, A TETANUS SHOT IS REQUIRED. YOU CAN CALL THE MOORE HEALTH DEPARTMENT AT 794-1591 FOR MORE INFORMATION. IF YOU HAVE HAD A TETANUS SHOT IN THE LAST 7 YEARS PLEASE WRITE THE APPROXIMATE DATE OF THE SHOT:

_____Signature:_____

Subscribed and sworn to before me this _____day of _____, 20_____.

_____

NOTARY PUBLIC

_____

MY COMMISSION EXPIRES: