



Community Service Policy

The Senior Center, Inc. d/b/a Daniel D. Cantor Senior Center d/b/a Kurt and Alice Walter Alzheimer's Pavilion ("Center") places the safety and security of our staff, participants and seniors as its top priority. Therefore, to participate in helping others complete their community service obligation we require the following to be considered for a community service placement:

- Documentation of criminal conviction and sentencing (court disposition papers)
- State issued ID or U.S. Passport
- Number of hours of community service requested
- Disclosure of any physical limitation or types of work that cannot be performed

The following list of offenses deem a person ineligible to fulfill their community service obligations at the Center:

- Any crime of a sexual nature
- Any crime involving a weapon (knife, firearm, etc.)
- Any crime against a member of a vulnerable population (child, senior or disabled person)
- Any violent crime
- Any crime involving identity theft

The Center reserves the right to grant or deny any community service placement at its sole discretion (not a good fit, no work available, etc.).

Before any commitment to accept a candidate for community service a telephone conversation will be required to discuss the types of placements we have available and to answer any outstanding questions that remain.

Please complete the following pages and return to:

Daniel D. Cantor Senior Center
Community Service
5000 N. Nob Hill Road
Sunrise, FL 33351

Or email to communityservice@cantorcenter.com

p. 954-742-2299

f. 954-749-0081

Send completed form to communityservice@cantorcenter.com – 954-742-2299



Community Service Worker Agreement

I, _____ agree to perform _____ hours of unpaid service at the Daniel D. Cantor Senior Center (Center).

I agree to abide by the following conditions of the program:

1. I will follow the work schedule that will be arranged for me by my supervisor at the Center where I will be performing community service. I understand that this schedule can be altered with the permission of my supervisor.
2. As I will be responsible for providing my own transportation to my assigned job site, I agree to report no later than the designated time for that particular job. I also understand that I am not to leave the job site without permission from the Community Service Supervisor or until dismissed by the agency representative at the job site.
3. I understand that should I experience any difficulties or problems in performing the services/work assigned, I am to contact my Community Service Supervisor for resolution of the problem.
4. Should my contribution of services be unsatisfactory or be performed with an uncooperative attitude, as assessed by the agency representative or Community Service Supervisor, the assignment will be terminated.
5. I understand that I have agreed to work a specific number of hours at the Center and that while in the Community Service Program, if I fail to work on my assigned schedule – for any reason – I may be terminated from the Community Service Program.
6. I accept full responsibility for all medical expenses due to injury or illnesses incurred during my participation in the Community Service Program and further attest to the fact that I have no health problems that would hinder or be aggravated by my participation in this program.

I also agree as the participant, shall hold the Daniel D. Cantor Senior Center and its agents and servants and employees harmless from and against any claim, demand or cause action of whatsoever kind or nature (including attorney's fees) howsoever the same may be caused resulting directly or indirectly from the nature of service rendered by this agreement.

Applicant Signature

Date

Print Name

Send completed form to communityservice@cantorcenter.com – 954-742-2299



Community Service Worker Application Personal Information

Last Name _____

First Name _____

Home Address _____

City State Zip _____

Date of Birth _____

Home Phone _____

Mobile Phone _____

Education _____

Skills _____

Email _____

Contact In Case of Emergency

Name _____

Relationship _____

Home Phone _____

Mobile Phone / Work Phone _____

The above information is accurate and correct to the best of my knowledge

Applicant Signature

Date

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