

**York County Sports Complex  
Community Service Program  
Service Agreement**

I, \_\_\_\_\_, Community Service Coordinator on behalf of \_\_\_\_\_, have applied for participation in the Community Service Program offered at the York County Sports Complex.

**The following service opportunities have been offered to the organization as follows:**

- 1.
- 2.
- 3.

**Dates of Service:** \_\_\_\_\_ **through** \_\_\_\_\_  
**Time:** \_\_\_\_\_ **to** \_\_\_\_\_

I hereby acknowledge and agree to the following:

1. I understand that the information requested on the Community Service Program application will be used for service assignment and record keeping, and that all information will be held confidential, except where release is authorized.
2. I understand that neither this agreement nor my organization's participation in the Community Service Program shall be interpreted or give rise to an employee/employer relationship between the organization and York County.
3. I promise to be present for scheduled shifts and carry out duties promptly and reliably as set forth by the Facilities Coordinator. If the organization is unable to carry out duties as outlined, I will immediately contact the Facilities Coordinator. I will maintain the dignity and integrity of the York County Sports Complex and York County Parks and Recreation. Furthermore, I will accept evaluation of my organization's performance as a participant in the Community Service Program.

4. I promise to respect the rights of all participants and York County staff. Furthermore, I agree to follow all rules and regulations governing the York County Sports Complex and the York County Public Areas Ordinance.
5. I agree to take proper safety precautions, anticipate unsafe circumstances and act accordingly to prevent accidents. All participants will be responsible for the safety of themselves, others, materials and equipment. Furthermore, I understand that participants are not eligible for worker's compensation if they are injured while performing their duties.
6. I authorize York County to seek emergency medical treatment for members in the organization in case of accident, injury or illness.
7. I certify that to the best of my knowledge, no member in our organization wishing to participate in the Community Service Program has ever been convicted of a felony, is listed as a registered sex offender, or is currently on probation.
8. I understand that the Parks and Recreation Division has the right to discharge a participant without warning. Grounds for immediate dismissal may include, but are not limited to:
  - Gross misconduct or insubordination
  - Being under the influence of alcohol or drugs while performing service
  - Theft of property or misuse of York County funds, equipment or materials
  - Lies or falsification of records
  - Illegal, violent or unsafe acts
  - Abuse or mistreatment of patrons or York County employees
  - Failure to abide by policies or procedures
  - Unwillingness or inability to support and further the mission of the Parks and Recreation Division
9. I understand that upon successful completion of the organization's community service work, a contribution of \$5.00 per person per hour of work completed will be received by the organization from York County.

**If under age of 18 years old, complete this section**

School/grade: \_\_\_\_\_  
Name of parent/guardian: \_\_\_\_\_  
Telephone Number where parent/guardian can be reached:  
Day: \_\_\_\_\_ Cell: \_\_\_\_\_

**Parental/Guardian Consent**

I hereby give \_\_\_\_\_ permission to participate in the Community Service Program at the York County Sports Complex. I understand that in the event of an emergency, the Facilities Coordinator will attempt to contact me. However, if I am unable to be reached, you may contact:

Name/relationship: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

I also give consent to take whatever emergency steps necessary to safeguard the health and welfare of my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**I have read and understand this entire agreement. I understand and agree that any misleading or incorrect information regarding the organization may render this Service Agreement void and cause for termination.**

\_\_\_\_\_  
**Community Services Coordinator Signature** **Date**

\_\_\_\_\_  
**Sports Complex Facilities Coordinator Signature** **Date**