

Job duties are assigned at the discretion of MLK Staff. Please initial in each blank that you understand the policy/procedure:

Identification

You must have a picture ID to do community service hours.

Gambling/Smoking/Alcoholic Beverages, Illegal Drugs

Gambling, smoking, or possession of alcoholic beverages and/or illegal drugs is strictly prohibited on the premises. You can not come in to work smelling like alcoholic beverages or marijuana.

Weapons

No guns, knives or other weapons are allowed on the premises.

Conduct/Time

The facility manager will make every effort to ensure that all rules and policies are strictly adhered to. Participants will be expected to cooperate fully with MLK staff as well as the security officers. No fighting or using profanity. Violators will be escorted off the premises. The participant will show up on time and complete the agreed upon hours.

Dress Code

The participant shall wear proper attire (no short shorts or short dresses (not more than 2 inches about the knee), sagging pants, hair bonnets, doo rags, pajama pants or tops, sunglasses, no graphic shirts with profanity, offensive or degrading remarks).

Eating/Drinking

Eating and drinking are allowed in designated areas approved by management.

Minors

If you are a minor (17 years or younger), you must be accompanied by an adult to complete community service. Minor children cannot accompany you while doing community service.

Health Conditions

If you think you may be pregnant, or have any health condition that may affect your ability to work, please inform a staff member. If the answer is no, please initial.

Phones

You are not allowed to text or talk on phones during assigned tasks. No loud music or talking on speaker.

AGREEMENT

I, _____, have read and understood the procedures outlined above and agree to abide by them during my working hours here at the facility and agree to indemnify and hold the City of Dallas, its officers and employees, harmless against all claims, lawsuits, judgments and expenses for personal injury (including death), or property damage, that may arise out of my working hours here at the facility.

Date: _____

Signature: _____

FOR STAFF USE ONLY:

Approved: _____ Not approved: _____

Signature: _____ Date: _____