

Dr Pepper Museum

Community Service Application and Contract

Name: _____ Date of birth: _____ (day/month/year)

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Reason for Community Service: _____

What steps are you taking so this won't happen again?

Contract for Community Service. Please initial each following statement.

- I agree to work only during times scheduled and approved by the Museum. _____
- I understand I will be sent home if I show up without scheduling. _____
- I understand that I may be sent home if there is no work to be done or am not willing to perform the tasks assigned. _____
- I agree to present one photo id _____
- All paperwork associated with community service will be processed by the Museum on weekdays only. I understand I must call ahead to request paper work. _____
- I understand that I must dress in a manner befitting the Museum. No shorts are allowed. No open toed shoes are allowed. No hats or bandanas are allowed. _____
- If dismissed by the Museum I understand that my service hours must be completed at another location. _____

I have read each of the above and agree to follow them.

Signature: _____ Date: _____