



Barnstable County Sheriff's Office

Community Service

WORK CREW Request Form

Please complete the requested information, save the PDF and email it to communityservice@bsheriff.net or print the PDF and mail to:

Community Service Program
Barnstable County Sheriff's Office
6000 Sheriff's Place
Bourne, MA 02532

Today's Date: _____

Organization Name: _____

Organization Fax Number: _____

Street Address: _____

Mailing Address: _____

Primary Contact Person: _____

Primary Contact Email: _____

Primary Work Phone: _____

Primary Cell Phone: _____

Secondary Contact Person: _____

Secondary Email Address: _____

Secondary Work Phone: _____

Secondary Cell Phone: _____

Organization Description: _____

Tax ID Number: _____

Address where work to be performed: _____

Name of **current** Property Owner*: _____

Description of work to be done: _____

Tools Needed: _____

Requested Schedule Dates: _____

Have we worked together before: _____

Comments: _____

*as recorded at the Registry of Deeds

The requesting agency/organization assumes all responsibility for any liability that may arise relative to the work performed by the Barnstable County Sheriff's Office including the erection of any event tents provided by the BCSO. Further, the requesting agency/organization agrees to hold the Commonwealth of Massachusetts, the Barnstable County Sheriff's Office, its employees, inmates, agents, successors, and/or assigns harmless from any claims, actions, rights of action and causes of action, damages, costs, expenses and compensation from liability for any physical injuries or damages sustained to property which may occur as a result of any work performed or event tents erected by the Barnstable County Sheriff's Office, its employees or inmates.

By providing an electronic signature below, I certify and acknowledge, under the pains and penalties of perjury, that I have read and agree to the terms of the BCSO Work Crew Request Requirements, that I am an authorized signatory on behalf of the requesting agency/organization, and that all information provided on this application is true and accurate to the best of my knowledge and belief.

Type name of person authorized to sign on behalf of the requesting agency/organization:

Approved by BCSO Superintendent: _____ Date: _____