



# 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](mailto: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

**All work performed by BCSO work crews MUST be on project sites owned by a municipality, county, state or federal agency, or owned by an organization designated by the IRS as a non-profit organization**

Today's Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Requesting Organization is a: Municipality \_\_\_\_\_ County, State or Federal Agency \_\_\_\_\_  
 501(c)(3) non-profit organization as designated by the IRS\* \_\_\_\_\_  
 Other non-profit \_\_\_\_\_

Organization Fax Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Primary Work/Cell Phone: \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_

Secondary Email Address: \_\_\_\_\_

Secondary Work/Cell Phone: \_\_\_\_\_

Organization Description: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Address where work to be performed: \_\_\_\_\_

Name of **current** Property Owner\*\*: \_\_\_\_\_

Description of work to be done: \_\_\_\_\_

\_\_\_\_\_

(attach separate page if needed)

Tools Needed: \_\_\_\_\_

Requested Schedule Dates: \_\_\_\_\_

Have we worked together before: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\*Attach a copy of IRS 501(c)(3) Designation form  
 \*\*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: \_\_\_\_\_