

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name:** |  |  |  | **Date:** |  |
|  | *Last* | *First* | *M.I.* |  |  |

|  |  |  |
| --- | --- | --- |
| **Address:** |  |  |
|  | *Street Address* | *Apartment/Unit #* |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | *City* | *State* | *ZIP Code* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone:** |  | **Email:** |  |

**Hours Needed for Completion of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Case Worker/Probation Officer Name and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency or Court that Service is Being Completed for:**

 Community Corrections

 Probation Office

 Court Order

 Other: (Name Agency)

**Hours Available to Serve** (Business Hours: Summer hours 8am-6pm, Winter hour 8am-5pm):

**List any Skills:**

**List any Disabilities/Ailments** (Doctor papers of Limitations):

**Reason for Community Service:**

(Select All That Apply)

* Violence
* Property Damage
* Theft
* Sex Offenses
* Drugs
* Other Serious Offense (Specify)