

# COMMUNITY SERVICE APPLICATION



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

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address:

\_\_\_\_\_ Street \_\_\_\_\_ Apt #

City

State

Zip

Agency/probation officer: \_\_\_\_\_

Contact #: \_\_\_\_\_

How many hours do you have to serve? \_\_\_\_\_

What was your offense (optional)?

\_\_\_\_\_

What skills do you feel you can to offer LCR?

\_\_\_\_\_

Why do you want to do you community service at LCR?

\_\_\_\_\_

**Emergency Contact:**

Phone:

Special conditions/limitations/medications to be aware of? (e.g. Asthma, Bee allergies, Heart Conditions, etc.)

\_\_\_\_\_

Tetanus Vaccine (required) \_\_\_ Yes. Date: \_\_\_\_\_

***All Community Service Volunteers must complete the following for the safety of all:***

*Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No If yes, explain:*

\_\_\_\_\_

*Have you ever been convicted of sexual offenses? \_\_\_ Yes \_\_\_ No If yes, explain:*

\_\_\_\_\_

*Have you ever been convicted of animal cruelty? \_\_\_ Yes \_\_\_ No If yes, explain:*

\_\_\_\_\_

I, \_\_\_\_\_, certify the above information is true and accurate to the best of my knowledge, and that any misleading or false information contained in this application will lead to my dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_