



Date \_\_\_\_\_

**COMMUNITY SERVICE APPLICATION**

**PERSONAL INFORMATION**

Please Print Clearly

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

**COMMUNITY SERVICE INFORMATION**

Court ordered: \_\_\_\_\_ Self-appointed: \_\_\_\_\_  
 Offence: \_\_\_\_\_  
 Number of hours: \_\_\_\_\_ Due Date: \_\_\_\_\_  
 Attorney (if applicable) \_\_\_\_\_

**Areas of Interest:** Please circle one or more options.

- Construction                      Critical Repairs
- ReStore                              Office/Administrative Assistance

**Availability**

	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

**EMERGENCY CONTACT:**

Primary Physician: \_\_\_\_\_  
 Insurance Information: \_\_\_\_\_  
 Any Allergies or other health concerns: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Is there anything else you would like us to know about you?