

**Community Service**

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

Contact Info: Address: \_\_\_\_\_

Phone (indicate home/cell/business): \_\_\_\_\_

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

Please check one:

- Volunteer Work
- School Requirement
- Court ordered
- Other: \_\_\_\_\_

Please indicate the number of hours required: \_\_\_\_\_

Please indicate the date to be completed by: \_\_\_\_\_

Days available:

- Mon.    Tues.    Thurs.    Fri.    Sat.

Hours available:

- All day    10-12    12-2    2-4  
 4-6    6-8

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_