

# Court-Ordered Community Service Application



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

Name: _____
Date of Birth: _____ Age: _____ SS # _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone #: _____
Work Phone #: _____ Place of Employment: _____
Cell Phone #: _____

## Best to reach me:

Home  Work  Cell  
 Mornings  Afternoon  Evenings

E-mail Address: \_\_\_\_\_

## Emergency Contacts

Name: \_\_\_\_\_ relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Community Service Information

Why were you assigned Community Service?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours required: \_\_\_\_\_ Completion Date: \_\_\_\_\_

If under age 18: Parent/Guardian Signature is required.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

In what programs would you like to volunteer?

Children's Learning Center

My Sister's Closet

Office Assistant/Maintenance

Do you have any special skills that would benefit our clients?

(i.e. bilingual, cooking, sewing, finances, parenting, etc)

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### Personal History – IMPORTANT

Have you ever been abused by anyone in your lifetime? Yes or No

If yes, did you ever receive counseling: Yes or No

Have you worked through the abuse? Yes or No

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I give consent to the YWCA Enid to verify any information on this form and to contact persons listed as references. I understand that there are screening and training procedures involved in becoming a volunteer and am willing to participate in these.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_