



DERBY RECREATION COMMISSION COMMUNITY SERVICE APPLICATION

One day's notice is due to the Director of Programs prior to beginning community service hours. The Derby Recreation Commission is not responsible for keeping track of your hours. Community Service workers will be dismissed if work is not satisfactory.

GENERAL INFORMATION			Date: _____
Name (Please print) _____			
Address _____			
City/State _____		Zip _____	
Home _____	Work _____	Cell _____	
E-mail Address _____			
Emergency Contact _____	Relationship _____	Phone Number _____	

1. Please check the box of the court system that ordered the community service.

Juvenile Court System Adult Court System

2. Have you ever been convicted of a felony? Yes No

3. How many hours are you required to do for your community service? _____

4. Please check the following days and write in the times when you are available to do community service.

	<u>TIMES</u>	<u>TIMES</u>	<u>TIMES</u>
Sunday	<input type="checkbox"/> Morning (____)	<input type="checkbox"/> Afternoon (____)	<input type="checkbox"/> Evening (____)
Monday	<input type="checkbox"/> Morning (____)	<input type="checkbox"/> Afternoon (____)	<input type="checkbox"/> Evening (____)
Tuesday	<input type="checkbox"/> Morning (____)	<input type="checkbox"/> Afternoon (____)	<input type="checkbox"/> Evening (____)
Wednesday	<input type="checkbox"/> Morning (____)	<input type="checkbox"/> Afternoon (____)	<input type="checkbox"/> Evening (____)
Thursday	<input type="checkbox"/> Morning (____)	<input type="checkbox"/> Afternoon (____)	<input type="checkbox"/> Evening (____)
Friday	<input type="checkbox"/> Morning (____)	<input type="checkbox"/> Afternoon (____)	<input type="checkbox"/> Evening (____)
Saturday	<input type="checkbox"/> Morning (____)	<input type="checkbox"/> Afternoon (____)	<input type="checkbox"/> Evening (____)