



CITY OF TEMPE - VOLUNTEER OFFICE

APPLICATION FOR COURT-ORDERED COMMUNITY SERVICE

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

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ School/Employer: \_\_\_\_\_

Education (highest grade completed): \_\_\_\_\_

Skills/Interests: \_\_\_\_\_

List previous volunteer experience: \_\_\_\_\_

**Assignment of Community Service:**

What were you charged with that resulted in assigned community service hours: \_\_\_\_\_

\_\_\_\_\_ Tempe Case # \_\_\_\_\_

Diversion counselor/probation officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Hours Assigned: \_\_\_\_\_ Due Date for Completion of Hours: \_\_\_\_\_

What is required for verification of completion of community service work: \_\_\_\_\_

Names of court or agency that assigned the community service: \_\_\_\_\_

**Availability:** Please list the times you are available to work

	Monday	Tuesday	Wednes.	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you have transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

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**Other than today's charge, have you ever been charged with a misdemeanor or felony (other than minor/civil traffic offenses), placed on probation, fined or given a suspended sentence (include military trial convictions)?** Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," give details, including charges, date(s) and locations \_\_\_\_\_

**In Case of an Emergency Contact:**

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

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**Agreement to Perform Community Service:**

I, the undersigned, do hereby waive any and all claims against the City of Tempe and its employees for any injuries or damages I may sustain while in the performance of ordered community service hours. I further acknowledge that the completion of said hours is solely my responsibility and not the responsibility of the City of Tempe or its employees.

Furthermore, I agree to abide by the rules as outlined in the assignment confirmation that I received or will receive. I understand that failure on my part to meet any of the listed requirements may result in the loss of my community service assignment with the City of Tempe.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Staff Use Only:

Site Assigned: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Tentative Schedule (if applicable) \_\_\_\_\_

Computer \_\_\_\_\_  
Confirmation \_\_\_\_\_  
Staff notified \_\_\_\_\_