



COMMUNITY SERVICE APPLICATION

6330 King Highway, P.O. box 34
Comstock, MI 49041
345-8556

Date: _____ Probation Officer: _____

NAME: _____
Last First Middle

ADDRESS _____
Street City State Zip

PHONE _____ Drivers License # or ID: _____

Are you 18 years or older? _____ Date of Birth: _____

Reason for Community Service _____

Date you can start: _____ Number of Hours to be Completed _____

Are you employed now? _____ Work Schedule _____

Last Grade of School Completed _____ Where? _____

Any Special Skills? _____

Referred by: _____

Address: _____ Phone : _____

Emergency Contact : 1. _____ Phone: _____

2. _____ Phone: _____

Applicant Signature: _____

SUPERVISORS NOTES
