Community Service Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for assignments?

___ Weekday mornings ___ Weekend mornings
___ Weekday afternoons ___ Weekend afternoons
___ Weekday evenings ___ Weekend evenings

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, volunteer work, community service or through other activities, including hobbies or sports. This assists us in placing you with the most feasible department.

Purpose of Community Service

Please indicate the purpose of your performing community service for the Borough of West York:

_____ Probation - _____ hours needed before _____

_____High School

_____Boy Scouts / Girl Scouts

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	