

LA CASA DE AMISTAD

Today's Date: _____ Community Service Application

Please write legibly and answer all of the questions below. If not applicable, indicate by writing N/A.

Personal Information:

Last Name _____ First Name _____ M.I. _____

Date of Birth _____ Gender _____ Area Code _____ Phone Number _____ Area Code _____ Secondary Phone _____

Current Address:

Street Number and Name _____ City _____ State _____ Zip _____

State the nature of the offense that you were assigned community service for:

List the times you are available to serve:

1st Choice- Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____

How many hours of community service must you complete? _____ By what date? _____

Check here if you would like to pick it up your letter of completion yourself.

Or write the contact information for the person or office your letter of completion should be mailed to.

Or check here if you want us to send it to:
St. Joseph county Pre-Trial Diversion Program

Name _____ Telephone _____

Street Address (Including suite an/or floor number) _____

City _____ State _____ Zip Code _____

Emergency Contact Information:

1st Contact: Name _____ Telephone _____ Relation _____

2nd Contact: Name _____ Telephone _____ Relation _____

Liability Waiver

There are a number of activities and programs scheduled at La Casa de Amistad. Signing this form waives La Casa de Amistad and its staff of any liability if an accident should occur at La Casa de Amistad.

Liberacion de Responsabilidad

Muchas actividades y programas son planificadas en La Casa de Amistad. Al firmar esta forma usted libera La Casa de Amistad y sus empleados de toda responsabilidad si ocurriera un accidented en La Casa de Amistad.

Parent or Guardian Signature / Firma de(la) Padre/Madre o Guardian _____

Date / Fecha _____

ATTENTION: If applicant is under 18 years old, please have a parent or legal guardian sign below.

ATENCIÓN: Si el solicitante tiene menos de 18 años, por favor obtenga la firma de padre/madre o guardian legal.

Parent or Guardian Signature / Firma de(la) Padre/Madre o Guardian _____

Date / Fecha _____

Last Name:

First Name: