

Community Service for Court Order:

Number of hours needed _____

The offense _____

Probation Officer's Information:

Name _____ Phone _____

Completion time _____

If you miss one day, you will not be able to complete your hours at S.W.F.P. unless you have a legitimate excuse. _____ initial (Please attach all necessary paperwork to this form.)

Medical Information:

Last checkup _____

Have you had a TB test within the last year? _____

Volunteer Preference Category (Please Circle)

Day Care

Health Support

Gift Shop

Clerical

Library

Arts & Crafts

Residences

Days and Times Available:

Mon. Tue. Wed. Thurs. Fri.

Morning/Afternoon/ All Day

Please read the following and sign below:

- *As a Volunteer, I agree to abide by the policies of Southwest Focal Point Senior Center of the City of Pembroke Pines, Florida. Failure to abide by these policies will result in immediate dismissal.*
- *Your Volunteer assignment will not be held for you if you must be away for extended time periods.*
- *Volunteers are expected to report their volunteer hours each month.*

_____ **Date**

_____ **Volunteer Signature**

Office Use Only

For Community Service Participants: What are the hours for? If they are over 50 hours, a serious offense has been committed. We will not accept the applications in cases where a serious felonious act has occurred.