



ATLANTA MISSION

COURT MANDATED COMMUNITY SERVICE APPLICATION

Please print the following and mark all applicable information.

Date of application: _____

Name _____ Date of Birth _____
First Middle Initial Last

Address _____ County of residence _____

City _____ State _____ Zip _____

Home phone _____ E-mail _____

Cell Phone _____ What is the best way to contact you? Home phone Cell Phone E-mail

Community Service Regulations:

1. We do not accept those in need of community service for theft, battery/assault, resisting arrest, or weapons charges. Manager retains the right to turn away any community service worker depending on the offense or the person's attitude.
2. Must bring a Photo ID and probation papers when you come to do your community service.
3. There is a 4-hour minimum for each shift you work and you must be scheduled through the Volunteer Coordinator. We do not accept walk-ins.
4. The manager has the right to terminate any community service worker for being a no-show or for improper conduct.

Employment Information (If applicable)

Employer's Name _____

Employer's Address _____

Occupation/Title _____

Work phone _____ OK to call at work? ___Yes___No

Special consideration

Are you currently in recovery? ___Yes ___No If yes, for how long? _____

Have you been convicted of a felony in the last seven years? ___Yes ___No If yes, please explain: _____
(Applicant must answer for reasons of liability associated with working with/around children)

Name of Probation Officer: _____ Phone number: _____

What charge(s) are you serving probation for? _____

How many hours do you need to complete? _____

What date do your hours need to be completed by? _____

Service preference: ___Daily ___Weekly ___Monthly ___Occasional ___One-time projects

Service preference will be discussed at time of interview or over the telephone.

In case of emergency, please contact _____ Relationship _____ Phone _____

I certify that the statements and representations made in this community service application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release this agency from any liability whatsoever for supplying such information. I understand that I will not be paid for my services as a volunteer. I agree to abide by the volunteer personnel policies and procedures of the agency.

_____ (Applicant's signature)

_____ (Date)

Please mail, email to: **Christine Portuese**

Atlanta Mission Thrift Store – Gainesville
328 Oak Street, Gainesville, GA 30501
Gainesville.thrift@atlantamission.org

For questions or more information call:

678-420-0240