

Huntington City Mission

Community Service Application
624 10th Street
Huntington, WV 25701
(304) 523-0293

Date: _____ SS#: _____

Name: _____
(First) (MI) (Last)

Address: _____
(Street) (City) (State) (Zip)

Phone (day): _____ Phone (eve): _____ Email address: _____

Sex: _____ D.O.B.: _____

Place of Employment/School: _____

Reason for Community Service (Be specific): _____

Agency Requiring Community Service: _____ Contact Person: _____

Address: _____

Have you ever been convicted of a violent crime or felony of any sort? YES or NO *if yes please provide detailed information*

No. of Hours Required: _____ To Be Completed By: _____

Day/Times Available for Community Service: _____

By signing this application I agree to the conditions set forth by the Huntington City Mission regarding confidentiality, drug free workplace and dress code. I agree to perform my community service in a professional manner. I agree that HCM may contact the above agency prior to or during service to the mission and if I do not follow through with the assigned community service schedule that the appropriate representative will be notified. I agree that by not showing up at the appointed time, being continually late, or violating any policy of Huntington City Mission, or not appropriately notifying Huntington City Mission of my absence I risk completion of community service hours.

I hereby release the Huntington City Mission, its Board of Directors, employees and other persons associated with the Huntington City Mission, from any and all liability that might arise by virtue of all personal injury, property damage, or other damage that might result from the use of said facility.

Applicant's Signature Date

Volunteer Supervisor's Signature Date

Parental Signature (If under 18) Date

