



Good Samaritan of the Ozarks Court Ordered Community Service Application

All sections *must be complete* for application to be considered. Applications must be approved by the Volunteer Coordinator before you may begin performing community service.

Good Samaritan of the Ozarks will not accept a volunteer for community service with certain serious offenses including but not limited to:

*Assault (of any kind)

*Domestic Violence

*Theft

*Child Abuse

*Sexual Violence

**Sale/Manufacturing/Distributing of Unlawful Substances*

INCLUDE A COPY OF COURT PAPERWORK THAT SPECIFIES OFFENSE AND # OF HOURS, OR A COPY OF YOUR COURT DOCKET, THAT INCLUDES YOUR OFFENSE OR REASON YOU ARE ASSIGNED COMMUNITY SERVICE HOURS PLUS NAME, FAX & PHONE # OF COURT CONTACT

Today's Date: _____

Name: _____

Date of Birth: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell: _____

For what were you convicted? _____

How many community service hours do you have to complete? _____

Probation Officer's Name: _____ Probation Officer's Phone Number: _____

Emergency Contact Name & Number: _____

Agreement & Signature

I hereby certify that all entries on this application are true. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any community service work done for Good Samaritan of the Ozarks. I understand that information is subject to verification and I consent to criminal history background checks done via Casenet.

Name (printed): _____ Signature: _____

Date: _____