

Community Service Assignment Form

1. Name of participant _____ 2. S.S. # _____

3. Grantee _____

Host Agency Information

4. Name of host agency _____

5. Host agency mailing address

a. Number and street, suite number; or PO Box

b. City

c. State

d. Zip code

6. FEIN _____

7. Host agency type

a. Private not-for profit b. Government

Contact Information

8. Host agency site name and location _____

9. Name of contact person _____

10. Contact person's mailing address if different from number 5

a. Number and street, suite number; or PO Box

b. City

c. State

d. Zip code

11. Contact person's title _____

12. Contact person's phone number _____

Community Service Assignment Form

Assignment Information

13. Assignment date _____ (MM/DD/YYYY)

14. Start assignment date _____ (MM/DD/YYYY)

15. End date _____ (MM/DD/YYYY)

16. Starting wage (per hour) \$ _____

17. Community service assignment code _____ (Select only one code from following list)

Service to the general community includes the following activities:

- | | | |
|------------------------------------|----------------------------------|--------------------------|
| 1. Education | 6. Environmental Quality | 11. Counseling |
| 2. Health and Hospitals | 7. Public Works & Transportation | 12. Conservation |
| 3. Housing and Home Rehabilitation | 8. Social Services | 13. Community Betterment |
| 4. Employment Assistance | 9. Legal | 14. Other _____ |
| 5. Recreation, Parks, and Forests | 10. Financial | _____ |

Service to the elderly community includes the following activities:

- | | | |
|-------------------------------------|------------------------|--------------------------|
| 15. Project Administration | 20. Nutrition Programs | 25. Counseling |
| 16. Health and Home Care | 21. Transportation | 26. Conservation |
| 17. Housing and Home Rehabilitation | 22. Outreach/Referral | 27. Community Betterment |
| 18. Employment Assistance | 23. Legal | 28. Other _____ |
| 19. Recreation/Senior Centers | 24. Financial | _____ |

18. Community service assignment title _____

19. Total hours paid in quarter

Quarter 1 _____

Quarter 3 _____

Quarter 2 _____

Quarter 4 _____

20. Types of training received (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> a. On-the-community-service-job-training | <input type="checkbox"/> d. On-the job-experience (OJE) |
| <input type="checkbox"/> b. Generalized skill training | <input type="checkbox"/> e. Trial employment |
| <input type="checkbox"/> c. Specialized training | <input type="checkbox"/> f. Other (specify) _____ |

21. Total hours of paid training received in quarter

Quarter 1 _____

Quarter 3 _____

Quarter 2 _____

Quarter 4 _____

22. Community service assignment comments