

**CHESTER COUNTY S.P.C.A. COMMUNITY SERVICE APPLICATION**

1212 Phoenixville Pike, West Chester, PA 19380

Phone: (610) 692-6113

Fax #: 610-436-4630

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Current Employer or School \_\_\_\_\_

Education Completed \_\_\_\_\_

\*Probation officer/ Judge name \_\_\_\_\_ \*Phone number \_\_\_\_\_

Number of hours \_\_\_\_\_

Date to be completed \_\_\_\_\_

Offense \_\_\_\_\_

Days available:            M    T    W    TH    F    S    SN

Time Available:            morning \_\_\_\_\_ afternoon \_\_\_\_\_ evening \_\_\_\_\_

Are you covered by health insurance?            yes    no

Do you have any physical limitations that preclude you from performing any work for which you are being considered?    Yes    No    If yes, what can be done to accommodate your limitations? \_\_\_\_\_  
\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\* If this information is not filled in, we will be unable to contact you for Community Service hours.