

DYS COMMUNITY SERVICE APPLICATION

Name of Organization: _____ Date: _____

Is this a tax exempt organization 501(c)(3)? Yes No

Contact Person: _____ Contact Email: _____

Address: _____ Contact Phone: _____

What type of work or service is your organization requesting?

Please estimate the number of youths needed to assist with this request:

Please estimate the number of hours/days/weeks required to fulfill your request:

Do you require any training or have any special equipment that should be taken into consideration?

Briefly describe who will benefit from this project:

Is this a one-time request? Yes No

Contact Signature: _____ Signature Date: _____

Please note schools and government agencies are not required to provide tax exempt status documentation

INTERNAL USE ONLY: Date received: _____ Approved Community Service Project? Yes No