



Akwesasne Court
Community Service Intake Form

For Office Use Only:

Date Referred: _____ Number of Hours: _____ To be Completed by Date: _____

Charges: _____

PERSONAL DATA:

First Name: _____ Last Name: _____

Alias/Preferred Name: _____ DOB: _____ Male Female

Current Address: _____

Home #: _____ Cell #: _____ Email: _____

Contact Preference: _____ No. of Dependents: Children: _____ Adults: _____

Marital Status: Single Married Common Law

FOR YOUTH Name of Parent(s) or Legal Guardian(s): _____

Do you have any physical or mental limitations that would interfere with your placement? Yes No

If yes please explain: _____

EDUCATIONAL BACKGROUND:

Last Grade Completed: _____ Currently Attending? _____

Name of last/current school: _____ Type: _____

Date ended: _____ Contact Person: _____

EMPLOYMENT BACKGROUND:

Name of Employer: _____ Position: _____

Address: _____

Phone #: _____ Type of Employment: _____

Supervisor: _____ Can employer be contacted? YES / NO

PLACEMENT INFORMATION:

Were you ever involved in a community activity, for example, the Fire Department, Sports, and Special Events? If so, what community projects?

What community projects would you be interested in helping with?

Do you have in mind a program that you can complete your community placement hours at? Please provide a name, phone number, and address. **(Relatives will not be approved as supervisors for placement)**

What specific days of the week and hours are you available for placement? (This includes weekends and holidays)

How soon are you available to start your placement? _____

Will childcare become an issue during your placement? __ Yes __ No If yes, why? _____

Do you have a valid driver's license? __ Yes __ No If no, do you have access to transportation? _____

This form of Community Service is a privilege, you will be returned to the Akwesasne Court for Noncompliance if this is not taken seriously.

By signing this document you agree to participate in the Community Service Placement. All information is true to the best of my knowledge.

Signature

Date

Akwesasne Court Intake Personnel

(Print Name)