



DeKalb County Juvenile Court

COMMUNITY SERVICE AGENCY INFORMATION

Agency Representative _____ Title _____

Agency Name _____

Agency Mailing Address _____

Telephone Number _____ Fax Number _____

Brief Description of Agency _____

Does the nature of your business require a gender preference? YES NO

If answer is YES, please specify preferred gender. MALE FEMALE

How would you prefer to be notified before a youth is sent to complete community service hours?
(Please check the appropriate box and complete, if not provided above.)

Telephone (____) _____, Email _____, Fax (____) _____,
 Letter _____, Other _____

What are the best days and times to send youth to the work site?

Any Weekday Specific Weekdays (please circle if appropriate - Mon, Tue, Wed, Thurs, Fri)

Weekend (Saturday/Sunday) Other _____

Please specify time(s) _____ A.M. to _____ P.M.

Will the youth be asked to: (Please check appropriate box)

Typically Sit At a Desk Engage in Light Lifting (25lbs or less) Work in Water

Typically Work Inside Work with Chemicals or Solvents Work with Machines

Typically Work Outside Work in High Dust, Dirt or Grease Other _____

Identify the skills that would be helpful to you and your agency:

Please provide information that you feel is important to ensure the appropriate referral is made:

Please ***mail the original or scan and email*** completed forms to: **E. Diane Hill, Community Service Coordinator**, at the address listed below.