

COMMUNITY SERVICE FORM

Name: _____

Age: _____ Phone: _____

Email: _____

Address: _____

Town: _____ Zip: _____

T-Shirt Size: _____

(If under 18)

Parent/Guardian: _____

Relationship: _____ Phone: _____

Address: _____

Town: _____ Zip: _____

Email: _____

Number of hours needed: _____

Reason for community service: School/Club/Court Ordered Other: _____

If school, what school? _____

If club, what club? _____

If court ordered: Why were you given community service hours?

Will you need a letter at the end of your hours? YES/ NO

Where would you prefer to volunteer? Warehouse/ Outreach

What dates would you prefer to volunteer? _____

PLEASE call Lighthouse Mission before coming to volunteer: 631-758-7584