



Community Service Application

Office Use Only	
----- Background Check	----- Parental/Guardian Consent
----- Orientation	----- Confidentiality/Liability
----- Letter Completed	----- Community Service database
----- Date Hours Started	----- Date Hours Completed

Number of Community Service hours needed: _____ Date to be completed by: _____

First Name:	MI:	Last Name:
Address/City/Zip Code:		
Phone Number(s):		
Email Address:	Date of Birth:	

Recent Employment History	Dates	Description of Work
Volunteer History	Dates	Description of Work

Availability: Please be specific in the hours you are available

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
----- to -----	----- to -----	----- to -----	----- to -----	----- to -----	----- to -----
----- to -----	----- to -----	----- to -----	----- to -----	----- to -----	----- to -----

Please continue to the other side of the application →

Please explain why you were sentenced to do these community service hours (the specific criminal charges).

Are you a participant in Treatment Court? Yes / No

Probation Officer's name & phone #: _____

Please list any physical limitations you may have:

EMERGENCY INFORMATION In case of an emergency, please notify:

Name: _____ Relationship: _____

Contact Numbers: (H) _____ (W) _____ Cell: _____

I certify that the answers given on this application are true and complete to the best of my knowledge. I authorize Stepping Stones of Dunn County to conduct a criminal record check.

Signature: _____ Date: _____

Please email your completed application to communityconnect@steppingstonesdc.org or drop it off at:

Stepping Stones of Dunn County
1602 Stout Road
Menomonie, WI 54751
Ph. (715) 235-2920