



## COMMUNITY SERVICE APPLICATION

BLACK CHILD AND FAMILY INSTITUTE  
835 W. GENESEE LANSING, MI 48915  
(517) 487-3775 OFFICE (517) 487-0844 FAX

WWW.BCFI.ORG EMAIL: MAIL@BCFI.ORG

### APPLICANT INFORMATION

Name \_\_\_\_\_  
(Last) (First) (M.I.)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone \_\_\_\_\_ Other Phone \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_ Expiration Date: \_\_\_\_\_

Offense Committed (Must Complete): \_\_\_\_\_

Number of hours to complete: \_\_\_\_\_ S.S. # \_\_\_\_\_

### Days and Times Available:

Monday	Tuesday	Wednesday	Thursday	Friday	*Saturday	*Sunday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

\* Weekend building schedule varies

### Probation Information:

Contact Name: \_\_\_\_\_ Reporting Day: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**THIS IS A TWO SIDED DOCUMENT.  
ALL SECTIONS MUST BE COMPLETED FOR CONSIDERATION.**

**REFERENCES**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

**EMERGENCY CONTACT (at least two)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

**ACKNOWLEDGEMENT**

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of the application, whether willingly or accidental, is grounds for disqualification of volunteer consideration or dismissal if I have been accepted as a volunteer. I authorize the Black Child and Family Institute (BCFI) to contact any and all of the references I have listed above. Further, I release the above mention from any and all liability for any damages that may result from information collected by this company.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH CONFIRMATION OF THE COURT ORDER FOR YOUR COMMUNITY SERVICE.**

**FOR STAFF USE ONLY**

<b>DATE RECEIVED</b>	_____	<b>SERVICE TO BE COMPLETED BY</b>	_____
<b>DATE REVIEWED</b>	_____	<b>SERVICE COMPLETED</b>	_____
<b>DATE ACCEPTED</b>	_____	<b>AUTHORIZATION</b>	_____
<b>START DATE</b>	_____	<b>LETTER SENT</b>	_____