

Community Service Application

Name of Organization:		*Tax Exempt Verification (must provide copy) 501(c)(3): <input type="checkbox"/> YES <input type="checkbox"/> NO	
Address:		City:	State:
Zip Code:	County:	Contact Person:	Phone:
Completed by:		Date:	Institution Performing Work:

Detail description of work or service requested (*please attach additional sheet[s] if needed*): _____

Materials and supplies required and supplied: _____

Cost saving analysis:

Please list each request (please attach additional sheet[s] if needed):

	Product(s)/Service(s)	Quantity	**Savings \$
1.			
2.			
3.			
4.			
5.			
6.			
			Total Savings \$:

**Schools and government agencies are not required to provide copy*

*** The amount of money saved by having DRC inmate(s) make the product or provide the service*

Community Service Application Continued

Name of Organization:

List tools and special equipment (i.e., safety goggles, hard hats) supplied: _____

Description of any special inmate training required: _____

Name (please print):	Requested Completion Date:
Signature:	Date:

Recommended: YES NO

Community Service Coordinator:	Date:
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If no, please explain: _____

Approved: YES NO

Warden/Designee:	Date:
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If no, please explain: _____
