

**Court Community Service
AGENCY WORKSITE APPLICATION**

Agency Name _____

Address _____

_____ Zip Code _____

Telephone (_____) _____ Fax (_____) _____

Contact Person(s) _____

_____ Title _____ Title

Brief description of agency purpose/activities. _____

Is your agency a not-for-profit 501(c)3 charitable agency? Yes No If yes, please attach copy of 501(c)3 IRS letter; or governmental agency? Yes No

Does your agency currently utilize volunteers from other sources? Yes No If yes, specify.

Does your agency carry general liability insurance for volunteers that would include CCS referrals?

Yes No

Describe what duties or tasks you are requesting community service workers to perform.

Are these on-going, year-round activities? Yes No If no, please explain. _____

Will your agency be able to provide supervision of CCS referrals? Yes No

How did you learn about Court Community Service? _____

Thank you for your interest in Court Community Service. Please return your completed application to:

Court Community Service (CCS)
614 West Superior Avenue, Suite 900
Cleveland, Ohio 44113-1386
Attn.: Lynne Sedensky, Assistant Director
(216) 771-2222 (Fax) 771-2512