



COMMUNITY SERVICE REFERRAL

NAME OF YOUTH \_\_\_\_\_ TELEPHONE \_\_\_\_\_

AGE \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

NUMBER OF COMMUNITY SERVICE HOURS \_\_\_\_\_ DATE DUE \_\_\_\_\_

SOURCE OF REFERRAL: JUVENILE JUDGE  JUVENILE COUNSELOR

TO THE WORKSITE: It is the responsibility of the COMMUNITY SERVICE WORKER to contact you, set up a work schedule, call ahead of time if he or she cannot work for any reason, and complete the work by the specified deadline (or ask the Juvenile Department for an extension). Please call if you have any questions or problems. Thank you!  
Community Service Program: (503) 846-3782.

SECTION BELOW TO BE COMPLETED BY THE WORKSITE

AGENCY \_\_\_\_\_

HOURS COMPLETED \_\_\_\_\_ DATE COMPLETED OR DISCONTINUED \_\_\_\_\_

NATURE OF WORK PERFORMED \_\_\_\_\_

EVALUATION OF WORKER: POOR EXCELLENT

DEPENDABILITY 1 2 3 4 5

ATTITUDE 1 2 3 4 5

PERFORMANCE OF WORK 1 2 3 4 5

OPTIONAL COMMENTS \_\_\_\_\_

WORKSITE SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Please return this form to:

COMMUNITY SERVICE  
WASHINGTON COUNTY JUVENILE DEPARTMENT  
222 N FIRST AVE. MS 47  
HILLSBORO, OR 97124

Thank you for your participation! Please let us know if you think of ways that this program can be improved.

# TIME SHEET



NAME:

TO THE WORKSITE:

This time sheet is included for your convenience. Please feel free to use it unless you have another system that better suits your needs.

DATE	START TIME	FINISH TIME	DAILY TOTAL	GRAND TOTAL

(FOLD HERE TO MAIL)

FROM:

STAMP

Community Service  
Washington County Juvenile Department  
222 N First Ave. MS 47  
Hillsboro, OR 97124