

***Restorative Justice of Northwest Wisconsin, Inc.
Community Service Program***

Name of Organization/Business/Agency: _____

Address: _____

City/State/Zip _____

Telephone number: _____ Fax # or email: _____

Contact Person(s): _____

The contact person for our agency would be: _____

Telephone Number: _____ When is best time to reach: _____

The site supervisor for our agency would be: _____

Telephone Number: _____ When is best time to reach: _____

Our agency would not be able to take the following types of offenders or problem individual at our work site: (sex offenders & violent offenders are not eligible)

We would be able to accept the following number of community services placements at any one time:

Placements would be : ___ Year Around ___ Seasonal

 ___ Spring ___ Summer

 ___ Fall ___ Winter

We would prefer to have: ___ Adult Men ___ Adult Women

 ___ Juvenile Boys ___ Juvenile Girls

 ___ All of the above

Please indicate the time during which you can utilize workers:

___ Daily _____ ___ Weekly _____ ___ Monthly _____
 Time of day Time of week Time of month

We would have the following types of work available: (please be specific)

Any comments or questions please: _____
