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: ______________________

________________________________________________________________

________________________________________________________________