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| --- | --- | --- |
|  | [ ]  July \_\_\_\_\_\_\_ | [ ]  January \_\_\_\_\_\_\_ |

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| --- | --- |
| **JCPC Program** **Name:** |  |
| **Contact Person:** |  |
| **E-mail Address:** |  |
| **Agency** **Mailing** **Address:** |  |
|  |
|  |
| **Program Phone Number:** | **-** **-**  |

|  |  |
| --- | --- |
| **Worksite Agency Name:** |  |
| **Contact Person:** |  |
| **E-mail Address:** |  |
| **Agency** **Mailing** **Address:** |  |
|  |
|  |
| **Agency** **Physical** **Address:**  |  |
|  |
|  |
| **Agency Phone Number:** | **-** **-**  |

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| Brief description of work assignments: |       |

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| Are there any safety concerns inside or outside of the worksite agency? [ ]  No [ ]  YesIf yes, explain the location of the safety concern, if it can be corrected and if the agency is capable (i.e. safety concern may be due to a surrounding business) and/or interested in making this correction for this worksite to be utilized by community service youth.      |

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| Have there been any staff and/or volunteer changes, who directly supervise youth, that effect youth being assigned to this agency to complete community service work? [ ]  No [ ]  YesIf yes, what staff and/or volunteer changes?      |

 **Additional Comments or Observations**

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| --- | --- |
| Printed Name of Worksite Representative: |  |
| Signature of Worksite Representative: |  | Date: |  |
| Printed Name of Program Representative: |  |
| Signature of Program Representative: |  | Date: |  |