



Colonial Heights Recreation Department

901 Meridian Avenue / PO Box 3401

Colonial Heights, VA 23834

www.colonialheightsva.gov

Court-Order Community Service Application

Contact Information:

Name:	Age:	D.O.B.:
Address:	City:	
	Zip:	
Cell Phone #:	# of Hours Needed:	
Other Contact #:	Completion Deadline:	

Emergency Contact Information:

Name:	Relation:
Cell Phone #:	Other Contact #:
Name:	Relation:
Cell Phone #:	Other Contact #:

Why the court ordered community service hours? _____

What is your availability? _____

List any medical conditions, physical disabilities, or allergies which might affect your/your child's participation in indoor or outdoor activities.

List any medications: _____

Acknowledgement/Release:

I have noted any medical or physical condition that I/my child has. I, therefore, release any and all rights or claims for damages against the City of Colonial Heights, employees, and all individuals assisting with the completion of my court-order community service hours. In the event of a medical emergency, the Recreation Department has my permission to seek medical attention. I also understand that, as a court-order community service worker, I will be assigned to perform whatever duties the Recreation Department considers most necessary and helpful to its operation. I also understand that my work will be reviewed and, at any time, the Recreation Department may terminate my services.

Signature of Court-Order Community Service Worker

Date

Signature of Parent/Guardian (if under 18)

Date