



202 East Fifth Street • The Dalles, OR 97058
p: [541] 506-2660 • f: [541] 506-2661 • www.co.wasco.or.us

Pioneering pathways to prosperity.

COMMUNITY SERVICE REFERRAL FORM

Date: _____

Work Site: _____ Phone #: _____

I. Youth's Name: _____

Address: _____

Phone: _____ Age: _____

Parent's Name: _____

Parent's Work Phone: _____

of Hours Assigned: _____

Completion Date: _____

II. Days and hours worked:

<u>Date:</u>	<u>Hours:</u>	<u>Date:</u>	<u>Hours:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Hours Completed: _____

III. Did the youth complete assignments? _____

Comments: _____

IV. While performing community service the child is covered by SAIF insurance. Therefore, we must document the hours and dates monthly. Please send this form back by the end of each month so that we can comply with these requirements. We will send additional forms to you as needed. Thank you very much for your assistance.

V. Please return this form to:
Wasco County Department of Youth Services
202 East Fifth Street
The Dalles, OR 97058
Phone: (541) 506-2660 or Fax: (541) 506-2661

Site Supervisor Signature

Date