

COMMUNITY SERVICE TIME SHEET

This is to introduce _____, who is to complete _____ hours of community service by _____ @ _____ AM. This participant has signed a waiver form to release all service agencies and the City of Coppell from any and all liability in case of injury, and acknowledges permission for you to release all information regarding this participant to Coppell Municipal Court No. 1 for case # _____

In case of emergency please contact:

(Name) _____ (Phone) _____ (Relationship) _____

***ALL COMMUNITY SERVICE HOURS MUST BE PERFORMED ONLY FOR A GOVERNMENTAL ENTITY OR A NON-PROFIT ORGANIZATION THAT PROVIDES SERVICES TO THE GENERAL PUBLIC THAT ENHANCE SOCIAL WELFARE AND THE GENERAL WELL-BEING OF THE COMMUNITY. IF YOU WISH TO PERFORM COMMUNITY SERVICE AT A LOCATION THAT IS NOT ON THE LIST, OR IS NOT A GOVERNMENT ORGANIZATION, YOU MUST CONTACT THE PROGRAMS COORDINATOR FOR APPROVAL BEFORE PERFORMING ANY HOURS!**

COMMUNITY SERVICE AGENCY	DATE	# OF HOURS	SUPERVISOR (PRINTED NAME)	PHONE #

If you have any questions or problems please contact the Municipal Court Programs Coordinator at 972-304-7084.

IT IS YOUR RESPONSIBILITY TO RETURN THIS FORM, AND IT MUST BE RETURNED TO THE MUNICIPAL COURT PROGRAMS COORDINATOR OR COURT CLERK ONLY!!