



TOWN OF MILTON, VERMONT 05468-3205

APPLICATION FOR COMMUNITY SERVICE

DATE: _____

NAME: _____

ADDRESS: _____ TEL/CELL# _____

EMAIL ADDRESS: _____

DRIVER'S LIC. # _____ DOB _____

SKILLS: Please list skills that you possess that would assist us in making a decision: (If you have a resume, please attach)

Who referred you to us: _____

Do you have a relative(s) employed by the Town of Milton? _____

Reason for Community Service: _____

of hour's _____ to be completed by: _____ Hours available: _____

Are there any accommodations you need to perform community service? _____

If yes, what: _____

Where would you prefer to be placed: _____

Personal contact number in case of an emergency:

Contact person: _____ Tel. # _____

Community Service Contact:

Contact person: _____ Tel. # _____

Signature: _____ Print: _____

For Use by Town Staff only:

Recommended by: _____ Date: _____

Comments: _____

Approved by _____, Town Manager Date: _____

Assigned Supervisor: _____ Dept. _____