



Please submit to Judi Ward in the Town Manager's Office or email to [jward@town.milton.vt.us](mailto:jward@town.milton.vt.us)

# 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. \_\_\_\_\_