



# INYO COUNTY PROBATION DEPARTMENT

COMMUNITY, PRIDE, AND PROGRESS

JEFFREY L. THOMSON  
CHIEF PROBATION OFFICER

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DEPUTY CHIEF

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## APPLICATION FOR ADULT COMMUNITY WORK SERVICE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Social Security: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Telephone Number: \_\_\_\_\_

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### Health/Medical Information

Do you have medical insurance? Yes No Insurance Provider: \_\_\_\_\_

Do you have any health or medical disabilities that would prevent you from doing the following?

- Physical labor that would require lifting, bending, squatting, walking or other rigorous activities? Yes No
- Office activities that would require sitting for long periods or use of your hands? Yes No
- Exposure to chemicals such as paint or cleaning fluids? Yes No
- Exposure to foods or cooking items? Yes No

If Yes to anything above, please explain: \_\_\_\_\_

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Are you currently taking any medications? Yes No If yes, what medications are you currently taking and for what purpose? \_\_\_\_\_

Do you wear glasses or contacts? Yes No Do you wear a hearing aid or have a hearing disability? Yes No

### Education

Highest Grade Completed: ( ) Less than grade 12 ( ) Grade 12 ( ) 2 years college ( ) 4 years college

( ) Master's Degree or higher Degree field: \_\_\_\_\_

**Job Skills**

List any special job skills you have (carpentry, office skills, computer skills, etc.): \_\_\_\_\_  
\_\_\_\_\_

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**Additional Information**

What are your preferred hours of the day to be assigned to community service? \_\_\_\_\_

Are you available for community service on weekends? Yes No

What is the best time of day to contact you? \_\_\_\_\_

**Please provide an emergency contact**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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CLASP REFERRAL: [ ] Yes [ ] No

PROGRAM FEE COLLECTED [ ] Yes [ ] No If no, reason: