

**MONTGOMERY COUNTY ADULT PROBATION AND PAROLE
DEPARTMENT
COMMUNITY AGENCY INFORMATION FORM**

Agency Name: _____ Contact Person: _____

Department: _____ Telephone: _____

Mailing Address: _____ Worksite Address: _____

E-Mail Address: _____

Function of Agency: _____

Nature of Clientele Served: _____

Type of Agency: Gov't: _____ Non-Profit: _____ Community Bases: _____

Other: (explain) _____

Duties/Skills Requested (Attach job description if available)

Maintenance/Janitorial _____ Painting _____ Teaching _____ Child Care _____

Recreational/Coaching _____ Arts/Crafts _____ Healthcare _____

Clerical _____ Professional/Skilled (Please specify) _____

Other _____

Work Available (Indicate days & time):

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Sunday _____

How many community service workers maybe placed with your agency?

How will you provide supervision of community service worker?

Do you have any special concerns of which the Community Service Coordinator should be made aware?