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| --- | --- | --- |
|  | July \_\_\_\_\_\_\_ | January \_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **JCPC Program**  **Name:** |  |
| **Contact Person:** |  |
| **E-mail Address:** |  |
| **Agency**  **Mailing**  **Address:** |  |
|  |
|  |
| **Program Phone Number:** | **-** **-** |

|  |  |
| --- | --- |
| **Worksite Agency Name:** |  |
| **Contact Person:** |  |
| **E-mail Address:** |  |
| **Agency**  **Mailing**  **Address:** |  |
|  |
|  |
| **Agency**  **Physical**  **Address:** |  |
|  |
|  |
| **Agency Phone Number:** | **-** **-** |

|  |  |
| --- | --- |
| Brief description of  work assignments: |  |

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| Are there any safety concerns inside or outside of the worksite agency?  No  Yes  If yes, explain the location of the safety concern, if it can be corrected and if the agency is capable (i.e. safety concern may be due to a surrounding business) and/or interested in making this correction for this worksite to be utilized by community service youth. |

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| --- |
| Have there been any staff and/or volunteer changes, who directly supervise youth, that effect youth being assigned to this agency to complete community service work?  No  Yes  If yes, what staff and/or volunteer changes? |

**Additional Comments or Observations**

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| --- | --- | --- | --- |
| Printed Name of  Worksite Representative: |  | | |
| Signature of  Worksite Representative: |  | Date: |  |
| Printed Name of  Program Representative: |  | | |
| Signature of  Program Representative: |  | Date: |  |