

**COMMUNITY SERVICE PROGRAM CONTRACT**

MINOR'S NAME	DATE (YYYYMMDD)
--------------	-----------------

**TERMS AND CONDITIONS**

- You agree to spend \_\_\_\_\_ hours in the Community Service Program to be completed \_\_\_\_\_. You are to complete a minimum of five work hours per \_\_\_\_\_.
- You are to obey the instructions given to you by your \_\_\_\_\_.
- You are not to be tardy or absent. The only valid excuses are school, work, or illness. You must notify \_\_\_\_\_.
- Being tardy, absent, or poor work performance will result in an unsatisfactory report, which could lead to \_\_\_\_\_.
- Transportation to and from the work site will be your responsibility. No excuse regarding car failure or \_\_\_\_\_.
- You shall at all times obey and observe all city, county, state and federal laws while in this \_\_\_\_\_.
- Use of Government Telephones is prohibited. Public telephones are within walking \_\_\_\_\_.
- You may be required to wear safety equipment on job sites. Willful damage to the equipment will result in \_\_\_\_\_.
- Protection of hands from blisters is your responsibility. It is suggested that you purchase and bring with \_\_\_\_\_.
- A safety dress code will be enforced. Midriff, tube tops, shorts, flip-flops, etc., are not appropriate. Shirts \_\_\_\_\_.

*By my signature below, I hereby acknowledge that failure to comply with the instructions will constitute a violation of \_\_\_\_\_.*

MINOR'S SIGNATURE	AGE	DOB (YYYYMMDD)
ADDRESS	PHONE	GENDER

**PARENTAL CONSENT**

*I, Parent/Guardian of the above named minor, agree to keep the Juvenile Control Officer advised at all times of the minor's ability to participate in the program. I further consent to my child's participation in this community service.*

PARENT'S SIGNATURE	WITNESS SIGNATURE
--------------------	-------------------

**PRIVACY ACT STATEMENT**

*AUTHORITY: 460 SWI 31-201. PRINCIPLE PURPOSE: To obtain information to be used in the community service program at Buckley AFB. ROUTINE USE: Information may be disclosed to any DOD component, Federal, state, and local agencies in the pursuit of their official duties. DISCLOSURE IS VOLUNTARY. Failure to provide the information will preclude the dependent from performing community service, and use of authorized facilities and services shall be denied at Buckley AFB.*

**Download any U.S. FedForm (free, fillable, savable in Adobe Reader)!  
Start with the "Flash Demo" at the top of the following page:  
[www.usa-federal-forms.com](http://www.usa-federal-forms.com)**

**Convert any fillable PDF form to savable (locally, in Adobe Reader):  
[www.savePDF.com](http://www.savePDF.com)**

**Convert any document (in any format) to PDF fillable and savable:  
[www.FillinDocs.com](http://www.FillinDocs.com)**

**All (10's of 1,000's) U.S. Federal Forms already fillable, savable:  
[www.usa-federal-forms.com](http://www.usa-federal-forms.com)**

---

### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).