



Non- Profit Participation Form Physical Labor

Name of Agency: _____

Defendant Name: _____

Agency address: _____

Case #: _____

Tax ID Number: _____

(please include IRS Letter)

Supervisor Name: _____ Signature: _____

Phone Number: _____ email: _____

If you have accepted the individual to complete service at your agency they must work at an actual site. Participants cannot work from home or virtually. Must work a mandatory minimum of 4 hrs. and a maximum of 8 hr. shifts.

Type of Work: (select type of work)

- Packing boxes, Food Banks
- Janitorial, cleaning and maintenance
- Landscaping, gardening, and weed abatement
- Painting, building, and restoring (construction sites)
- Beach, Park, and City Clean Up
- Graffiti Removal
- Cemetery maintenance crew

Agency Stamp/ Logo/Business Card (REQUIRED)