SCOTTS VALLEY POLICE DEPARTMENT

JUVENILE DIVERSION PROGRAM

COMMUNITY SERVICE WORK VERIFICATION FORM

Community Member: Thank you for partnering with the Scotts Valley Police Department to assist our youth in learning from their mistakes. Your time with a juvenile can have a very positive impact and help to deter future mistakes. This form is used to document a juvenile's community service work. Please list your name and contact information so that this work can be verified. Please log on to scottsvalleypd.com for rules of conduct and information about this program. If you have further questions or comments, please email Det. Freeman at sfreeman@scottsvalley.org. Please note that the juvenile cannot receive compensation for this work (salary, gifts, school credit, etc.).

Juvenile Participant: It is your responsibility to find an appropriate site to perform community service. Please complete this form legibly and completely. **A separate form is required for each location** at which work is performed. Turn this form in as instructed by each due date (see your contract). Your work will be verified, so ensure that this form is accurate.

Juvenile: _____

Work Site: _____

Contact Person: _____

Phone: (____) ____ - _____ Email: _____

Date	Start	Stop	Hours	Specific Work Performed	Contact's Signature