

**MUNICIPAL COURT OF LENEXA, KANSAS
COMMUNITY VOLUNTEER PROGRAM**

PARTICIPANT _____ CASE No. _____

CHARGE(S) _____

WORK HOURS TO BE COMPLETED: [_____] NEXT COURT DATE: Wednesday / / 10:30 am

The above named participant has agreed to complete a volunteer work task assignment under your direction and supervision. The Court appreciates your assistance and requires that this person fully cooperate with you. Please record the required information below regarding the work completed. The participant is responsible for returning this completed form to the Court on his/her next court date. You will be contacted by the Court to verify the work hours documented on the form.

NONPROFIT ORGANIZATION NAME * _____

WORK TASK ASSIGNMENT _____

WORK LOCATION _____

TELEPHONE NUMBER OR EMAIL _____

**I certify that this organization is a non-profit as defined by the IRS in Section 501(c) of the United States Internal Revenue Code.*

CONTACT PERSON NAME & SIGNATURE _____

DATE	TIME IN	TIME OUT	HOURS	WORKER'S INITIALS	SUPVR. INITIALS	COMMENTS

TOTAL HOURS _____ **COMPLETED**

WORK PERFORMANCE ___ GOOD ___ FAIR ___ POOR
 ATTITUDE ___ GOOD ___ FAIR ___ POOR
 DEPENDABILITY ___ GOOD ___ FAIR ___ POOR

IF PARTICIPANT HAS 2 NO SHOWS – PLEASE REFER FORM BACK TO THE LENEXA MUNICIPAL COURT
 12400 W. 87TH STREET PARKWAY LENEXA, KS 66215
 COURTS@LENEXA.COM
 PHONE: 913-477-7600 / FAX: 913-477-7619