

COMMUNITY SERVICE APPLICATION

Applicant Information

Full Name: _____
First MI Last

Residents: _____
Street Number Street Apt #
City State Zip Code

Mailing Address: _____
(If Different From Street Number Street Apt #
Above Residents) City State Zip Code

Phone #: (Days) _____ (Eves) _____

* Drivers License #: CT _____ Expires: _____

* Social Security #: _____ Date of Birth: _____

By completing this application, I give the Colchester Police Department permission to do a brief background check on myself.

Signature: _____ Date: _____

Guardian Information

Full Name: _____
First MI Last

Residents: _____
(If Different From Street Number Street Apt #
the Applicant) City State Zip Code

Mailing Address: _____
(If Different From Street Number Street Apt #
the Applicant) City State Zip Code

Phone #: (Days) _____ (Eves) _____

By completing this application, I give the Colchester Police Department permission to do a brief background check on the above applicant.

Signature: _____ Date: _____

Community Service Information

Number of Hours: _____ Date Required by: _____

For Office Use

* ID Verification Doc.: _____ Initials: _____