

SUCCESSFUL

UNSUCCESSFUL

SUPERVISOR SIGNATURE

PLEASE EXPLAIN WHY

## **COMMUNITY SERVICE TIME SHEET** RED DEER YOUTH JUSTICE COMMITTEE c/o Community Corrections DATE TIME IN TIME OUT HOURS BALANCE YOUTH'S SUPERVISOR SIGNATURE 4920 - 51 St, Red Deer, AB T4N 6K8 WORKED OF HOURS INITIAL

| MMITTEE                                     | 403-340-5180            |  |        |         |        |        |  |
|---|-------------------------|--|--------|---------|--------|--------|--|
| <b>EXTRAJUDICIAL SANCTIONS CO</b>           | DMMUNITY SERVICE RECORD |  |        |         |        |        |  |
| YOUTH NAME                                  | DATE OF BIRTH           |  |        |         |        |        |  |
| ADDRESS                                     |                         |  |        |         |        |        |  |
|   | TRANSPORTATION? YES NO  |  |        |         |        |        |  |
| PHONE (RES)                                 | IN SCHOOL? YES NO       |  |        |         |        |        |  |
| PHONE (CELL)                                | IF YES, SCHOOL NAME     |  |        |         |        |        |  |
|   |                         |  |        |         |        |        |  |
| NAME OF PARENT/ GUARDIAN OF YOUTH           |                         |  |        |         |        |        |  |
| CONTACT INFORMATION IF DIFFERENT FROM YOUTH |                         |  |        |         |        |        |  |
|   |                         |  |        |         |        |        |  |
|   |                         |  |        |         |        |        |  |
| YOUTH JUSTICE COMMITTEE MEMBER              |                         |  |        |         |        |        |  |
| COMMITTEE MEMBER CONTACT NUMBER             |                         |  |        |         |        |        |  |
|   |                         |  |        |         |        |        |  |
| COMMUNITY SER                               | RVICE INFORMATION       |  | ANY AD | DITIONA | L COMM | IENTS? |  |
| AGENCY NAME                                 |                         |  |        |         |        |        |  |
| AGENCY ADDRESS                              |                         |  |        |         |        |        |  |
| AGENCY PHONE NUMBER                         |                         |  |        |         |        |        |  |
| CONTACT PERSON                              |                         |  |        |         |        |        |  |
|   |                         |  |        |         |        |        |  |
| NUMBER OF HOURS ASSIGNED                    |                         |  |        |         |        |        |  |
| COMPLETION DATE FOR HOURS TO BE DONE BY     |                         |  |        |         |        |        |  |