



**KANSAS CITY METROPOLITAN CRIME COMMISSION
METROPOLITAN COMMUNITY SERVICE PROGRAM
3100 S. Broadway Suite# 226 Kansas City, Mo. 64111
Phone: (816) 960-6809 Fax: (816) 960-6808**

Non-Profit Worksite Application

Date: _____

Name of Organization: _____

Address of Organization: _____

City: _____ Zip Code: _____

Phone Number: (____) ____-____ Fax: (____) ____-____

Contact Person for community service clients to contact: _____
(Used for clients scheduling and questions)

Backup person for MCSP and community service clients to contact: _____
(Used if first contact is unavailable)

Additional Phone Number that MCSP can use. Phone Number: (____) ____-____
(Number will not be given to clients)

What hours each day can you use Community Service workers:

Monday__Tuesday__ Wednesday__ Thursday__ Friday__ Saturday__ Sunday__

Do Community Service clients need to contact you for a schedule prior to working? ____

Are there any offenses you do not want Community Service workers sent to your organization to have? (Common offenses are traffic related, DWI, possession, theft, and assault) _____

What type of work would Community Service workers do at your organization?
(Note: MCSP clients are not allowed to work with or near children): _____

How many Community Service workers can you use at one time? ____

Who will be supervising Community Service workers sent to you organization?
Please list all people who may be supervising workers: _____

Does your organization have insurance for volunteer workers? ____

MCSP uses a sign-in sheet to keep track of Community Service hours and reports these hours to various judges. It is very important that hours are kept accurately and daily. Due to this, MCSP must have hours faxed every Monday (early AM) on all Community Service workers who have worked at your organization. MCSP Community Service workers must have a "Worksite Assignment Sheet" to work at your organization. This sheet lists "Deadline Date" the client must have all hours completed. **MCSP clients can not work past this deadline date.**

Who will be keeping track of and faxing the Community Service hours?

(Person filling out sign-in sheet and faxing it to MCSP)

What is your fax number? (____)_____

Any comments or other information MCSP needs to know about your organization:

Form 501c3 (Non-Profit Authorization) must be forwarded with this questionnaire. MCSP cannot use your organization without this form.

Please print name of who filled out this questionnaire: _____

Signature of who filled out this questionnaire: _____

Please Fax form to MCSP at: (816) 960-6808

MCSP will contact you with your questionnaire's approval or disapproval.
Thank you for your interest in our program and MCSP will be in contact with you.