

COMMUNITY SERVICE REFERRAL FORM

Contact: Jennings George-Koteka (Tag Out Trust Community Service Supervisor)
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Date:	
Name:	Date of Birth:
Address:	
Name of Crew: Name of Tag:	
Offence/s: Non-association	ns:
Hours given: Conditions (i.e. diversion,	court order):
Completion date:	
Parent/Guardian:	
Day Time Phone: Mobile:	
Name of Youth Agency (CYF's, Supported Bail)	
Phone:	
Email:	
Name of School/ Alternative Education Provider:	

Condition 1 Work Requirements		
I hereby agree to carry out my hours of Community Service for the Tag Out Trust. The tasks will consist of one or more of the following:		
a) Painting out graffiti in the community b) General labouring		
c) Assisting Community Events – tree planting, setting up events etc. d) Cleaning – picking up rubbish in the community etc.		
Initial		
Condition 2 Pick Up Points		
Please tick the most suitable place:		
8.30am: In front of Henderson Police Station by the flagpoles, located 9 Buscomb Ave. Henderson		
\square 8.45am: Rear of the New Lynn Police Station located at 3092 Great North Road, New Lynn.		
9.00am In car park outside Avondale Police Station		
If you require special arrangements with pick up, please advise the supervisor		
Initial		
Condition 3 Non-Attendance		
If I am unable to attend my Community Service for any reason, I must contact the Tag Out Trusts Community Service Supervisor as soon as possible		
Initial		
Condition 4 Health and Safety		
I will adhere to all health and safety instructions given by the supervisor. All safety measures will be indicated on the specific work required and the proper procedure explained thoroughly. I agree to wear any of the protective clothing (safety vest etc.) given to me while on the programme. I will also behave in a safe manner at all times and around others on the programme.		

Initial

Condition 5 Agreement to Complete Community Service		
I will remain on the programme until all my hours of Community Service have been completed and have been signed off by the Community Service Supervisor unless other arrangements have been made.		
	Initial	
Condition 6 Health Issues		
1. Do you have allergies: Yes No	_	
2. Are you on any medication: Yes \square No \square		
3. Do you suffer from any illness: Yes No		
4. Name of Doctor & Phone Number:		
	Initial	

Guidelines and rules

- a) Be respectful toward others at all times
- b) Mobile phones are not permitted on program unless consent is given by the supervisor. If you bring your phone it will be locked away and returned to you at the end of the day
- c) You will be at your pick-up at the designated time
- d) You must remain at all times under the supervision of Tag Out Trust management unless other arrangements are made
- e) You must wear footwear suitable for outdoor work (boots or sandshoes)
- f) You must follow all instructions given to you by the supervisor
- g) Drugs or alcohol are not permitted on the programme at any time.

I hereby agree to abide by the rules and regulations set down by the Tag Out Trust as part of this agreement knowing that if I disobey any of the rules and/or conditions I may face removal from the program		
Name (Please Print):	Date:	
Signature:		

