Kitsap Humane Society

RESCUE ❋ REHABILITATE ❋ REHOME

Community Service Program Application

To complete community service, you must first provide some information about yourself.

Name:
First_____Middle_____Last_____
__

Address:
Street_____City_____State_____Zip_____

Phone #_____

How many hours of community service do you plan to do with us?
_____

What is your age? _____

What was the offense you committed to receive these hours?
_____
_____
_____

Emergency contact information:

Name:
_____

Relationship
_____

Phone number
_____