
KANSAS CITY METROPOLITAN CRIME COMMISSION
METROPOLITAN COMMUNITY SERVICE PROGRAM
PO Box 414312 **Kansas City, Mo. 64141**
Phone: (816) 960-6810 **Fax: (816) 960-6808**

Non-Profit Worksite Application

Date: _____

Name of organization: _____

Address of organization: _____ Phone Number: _(____)____ - _____

_____ Zip Code: _____

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. (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 be doing 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 weekly 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 has a deadline date that the client must have all hours completed by. 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 day each week will your organization commit to fax these hours to MCSP? M T W Th F

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 can not 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

You may also mail form to: Metropolitan Community Service Program
P.O. Box 414312
Kansas City, Missouri 64141-4312

All questionnaires are taken to an MCSP staff meeting. Once reviewed 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.