

JUVENILE RESTORATIVE PROGRAM

A program sponsored by the **Center for Restorative Justice**

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<http://www.BCRJ.org>

COMMUNITY SERVICE WORK EVALUATION

PARTICIPANT'S

NAME: _____

AGENCY

NAME: _____

PHONE: (____) _____ CONTACT

PERSON: _____

AMOUNT OF HOURS NEEDED: _____

DATE	HOURS WORKED	VERIFICATION

PLEASE DESCRIBE THE NATURE OF THE WORK PERFORMED:

PLEASE EVALUATE OUR CLIENT'S PERFORMANCE AT YOUR AGENCY :

SIGNATURE: _____ DATE: _____