RCHS Kids Community Service Application
TO BE FILLED OUT BY STUDENT

Last Name_____ First Name_____

Address_____ City_____ Zip_____

Home Phone_____ Cell Phone_____

Email_____

Age_____ Birth Date_____ Grade_____ School_____

Parent/Guardian Name_____ Daytime Phone_____

Where did you hear about the KCS program? _____

Are you doing KCS to fulfill a requirement? If so for what organization?_____

How many hours are you required to complete? _____

Please write a brief essay explaining your reasons for wanting to participate in KCS_____

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As part of KCS you are required to participate in one additional KCS event beyond your weekly meetings. Are you willing to fulfill to this commitment? Yes_____ No_____

For office use:
Date received_____ Level I or II Session Start_____

Contact_____

RANCHO COASTAL
HUMANE SOCIETY