



COUNTY OF YORK COMMUNITY SERVICE APPLICATION

McReynolds Athletic Complex (MAC)



412 Sports Way
Yorktown, VA 23692

Organization Information

Organization Name: _____

Community Service Coordinator Name: _____

Mailing Address: _____

Telephone: _____ Alternate Telephone: _____

Fax: _____ On-Site Phone # During Event: _____

E-Mail Address: _____

Community Service Information

Availability:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Mornings Afternoons Evenings No Preference

Hours per Week: _____

Preferred Start Date: _____ End Date: _____

Length of Commitment:

1 Month 3 Months 6 Months One Year Other: _____

Opportunity Interests (check all that apply):

Information Services Light Maintenance Concession Services

Does the organization have any previous community service experience? _____ If yes, please explain: _____

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____