

**City of Pasadena Clean Streets Task Force**

**Community Service Information Form**

DATE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MIDDLE)

ADDRESS: \_\_\_\_\_  
(APT#) (CITY, STATE & ZIP)

DATE OF BIRTH: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MONTH DATE YEAR AGE

**2 PHONE NUMBERS ARE REQUIRED**

1. \_\_\_\_\_  
Your Phone Number

2. \_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Emergency Contact Name

DRIVER'S LICENSE #: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ARE THERE ANY OTHER MEDICAL PROBLEMS WE NEED TO KNOW ABOUT BEFORE MAKING YOUR WORK ASSIGNMENT? \_\_\_\_\_  
(YES OR NO)

IF YES, EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF FEMALE, ARE YOU PREGNANT? (CIRCLE ONE) YES NO  
IF YES, DUE DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE  
SS/jw

\_\_\_\_\_  
PRINT NAME