

Community Service Approval Form

Referral Name: _____ Telephone: (____) ____-____

Date of Birth: ____/____/____

Approval Date: ____/____/____

Hours Required: _____ To Be Completed By: ____/____/____

Offense: _____

Referral Agency: _____

Agency Contact: _____ Contact Telephone: (____) ____-____



Please check the box next to the location you would prefer to work at for your community service. **Assignment at your preferred location is NOT guaranteed.**

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> 201 North 78th Street
Omaha, NE 68114
402-393-2800
Fax: 402-393-2937 | <input type="checkbox"/> 8457 West Center Road
Omaha, NE 68124
402-397-0542
Fax: 402-397-3115 | <input type="checkbox"/> 8507 Giles Road
Papillion, NE 68046
402-592-2751
Fax: 402-592-1570 | <input type="checkbox"/> 2221 North 109th Street
Omaha, NE 68164
402-493-3238
Fax: 402-493-0955 |
| <input type="checkbox"/> 1850 Madison Avenue
Council Bluffs, IA 51503
712-328-8911
Fax: 712-328-8913 | <input type="checkbox"/> 15455 Ruggles Street
Omaha, NE 68116
402-965-3588
Fax: 402-965-3856 | <input type="checkbox"/> 704 Gold Coast Dr.
Papillion, NE 68046
402-331-1112
Fax: 402-331-0577 | <input type="checkbox"/> 14227 Hillsdale Circle
Millard, NE 68164
402-894-2357
Fax: 402-894-2687 |
| <input type="checkbox"/> 4115 South 72nd Street
Omaha, NE 68127
402-731-4888
Fax: 402-344-4526 | <input type="checkbox"/> 18125 "R" Plaza Omaha,
NE 68135 402-895-0651
Fax: 402-894-5271 | <input type="checkbox"/> 2303 Towne Centre Dr.
Bellevue, NE 68123
402-292-0475
Fax: 402-292-2273 | <input type="checkbox"/> 11722 Standing Stone
Drive Gretna, NE 68028
402-332-2707 |
| <input type="checkbox"/> 1364 Washington Street
Blair, NE 68008
402-533-8000
Fax: 402-533-8004 | <input type="checkbox"/> 3175 East Elk Lane
Fremont, NE 68025
402-727-5007
Fax: 402-727-1836 | <input type="checkbox"/> Stockyards
3505 L St.
Omaha, NE 68107
531-263-7143. | <input type="checkbox"/> Benson Park
4805 N 72nd Street
Omaha, NE 68134
Office: 402-231-1918
Store: 402-231-1966 |

Once you've completed this form, download/save it and email it as an attachment to **Patty Rast** at prast@goodwillomaha.org.

