



High Point Public Library

Community Service Information Sheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Who is requiring you to perform community Service?

\_\_\_\_\_ School \_\_\_\_\_ Court      Other, please list: \_\_\_\_\_

Reason you are required to complete community service? What offense?

\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list dates and violations \_\_\_\_\_

If School Project, Name of School \_\_\_\_\_

Teacher's name: \_\_\_\_\_ What grade are you in? \_\_\_\_\_

Name of School Project \_\_\_\_\_

Number of hours ordered or required? \_\_\_\_\_

Deadline for completion: \_\_\_\_\_

How did you hear about the Library program? \_\_\_\_\_

Telephone: \_\_\_\_\_

Home

Cell

Other

E-mail: \_\_\_\_\_