



# High Point Public Library Community Service Application



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

E-Mail Address (Email is our primary form of contact. Please print carefully) \_\_\_\_\_  
Phone Number \_\_\_\_\_

Emergency contact person Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Number of hours ordered or required \_\_\_\_\_ Deadline for completion \_\_\_\_\_

Who is requiring you to perform community service?

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

If school project, name of school \_\_\_\_\_ Teacher's name \_\_\_\_\_

Your grade \_\_\_\_\_ Name of school project \_\_\_\_\_

If court ordered, reason you are required to complete community service? What offense?  
\_\_\_\_\_

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

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

If yes: name the county \_\_\_\_\_ and state \_\_\_\_\_ and violation \_\_\_\_\_

If no: check here

### Availability

Select **at least three (3)** choices, with at least one of those choices during the week, as time slots fill fast.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> 9-11 am	<input type="checkbox"/> 9-11 am	<input type="checkbox"/> 9-11 am	<input type="checkbox"/> 9-11 am	<input type="checkbox"/> 9-11 am	<input type="checkbox"/> 9-11 am	
<input type="checkbox"/> 11-1 pm	<input type="checkbox"/> 11-1 pm	<input type="checkbox"/> 11-1 pm	<input type="checkbox"/> 11-1 pm	<input type="checkbox"/> 11-1 pm	<input type="checkbox"/> 11-1 pm	<input type="checkbox"/> 1:30-3:30 pm
<input type="checkbox"/> 1-3 pm	<input type="checkbox"/> 1-3 pm	<input type="checkbox"/> 1-3 pm	<input type="checkbox"/> 1-3 pm	<input type="checkbox"/> 1-3 pm	<input type="checkbox"/> 1-3 pm	<input type="checkbox"/> 3:30-5:30 pm
<input type="checkbox"/> 4-6 pm	<input type="checkbox"/> 4-6 pm	<input type="checkbox"/> 4-6 pm	<input type="checkbox"/> 4-6 pm	<input type="checkbox"/> 4-6 pm	<input type="checkbox"/> 4-6 pm	
<input type="checkbox"/> 6-8 pm	<input type="checkbox"/> 6-8 pm	<input type="checkbox"/> 6-8 pm	<input type="checkbox"/> 6-8 pm			

Physically return completed application to the library or mail it to:

Jo Williamson  
High Point Public Library  
P.O. Box 2530  
High Point, NC 27261

Email/call with any questions:  
jo.williamson@highpointnc.gov  
336.883.3521