



Community Service Application

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone number: Day _____ Evening _____

Do you attend an Elmhurst Public School? Yes ___ No___ If so, which one? _____

1. Number of hours needed? _____ Required completion date _____

2. Describe the nature of the offense for which community service is required.

3. Organization requiring community service _____

Contact person/phone _____

4. How is community service time to be reported? _____

5. How many hours per week can you work?

6. What times are you available to work?

A permanent schedule will be discussed at the time of your interview.

Please note: Your Community Service will be terminated if you do not adhere to the assigned schedule.

(Continued on reverse)

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7. Do you have any physical limitations that would restrict your Community Service activities?

No Yes _____ (please specify)

8. Person to contact in case of emergency:

Name _____ Relationship _____

Address _____

Telephone: _____ Work _____ Home _____

My signature on this application indicates that I understand and agree to the following conditions:

1. I hereby certify that all information contained in this application is true to the best of my knowledge. I agree and understand that any false statements contained herein may cause rejection of my candidacy for community service or termination of my community service.
2. The Elmhurst Public Library reserves the right to verify the criminal record information I have provided through appropriate local, state or Federal law enforcement agencies and/or the organization requiring the community service.

I also understand that any misrepresentation, false statements, omission of facts or failure to provide requested information on this application may cause rejection of my candidacy for Community Service or termination of my Community Service. **In addition, I understand that a personal interview is required as part of the application process.** If I am accepted for a Community Service assignment, I agree to abide by the rules and policies of the Elmhurst Public Library.

Signature _____ Date: _____

If applicant is under age 18:

Signature of parent or guardian: _____

Date: _____