



Community Service Volunteer Information Sheet

(PLEASE PRINT ALL INFORMATION CLEARLY)

Orientation Date:			
Name:		D.O.B.	
Address:			
City:		State:	
		Zip:	
Phone:		Other Phone:	
Email Address:			
Name of probation officer, attorney, counselor , etc.:			
Probation officer phone:		Fax:	
City/County assigned hours:			

Hours of assigned community service:	
What is your charge/offense:	

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

Volunteer Signature _____

Date: _____



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