

ALBERT WISNER PUBLIC LIBRARY
Court Ordered - Volunteer Application
ONLY available for WVCSD residents

Please print clearly. Applicants under 18 require a guardian's or parent's signature

Reason for court ordered service: _____

Name: _____ Date: _____

Address: _____

Telephone Number: _____ Cell: _____

E-Mail: _____

Over 18 years of age: Yes _____ No _____

Parents Signature, if under 18: _____

Emergency Contact:

Name: _____ Relationship: _____

Telephone: _____

Reference: (list two)

1. Name _____ Relationship: _____

Telephone Number: _____ E-Mail: _____

2. Name _____ Relationship: _____

Telephone Number: _____ E-Mail: _____

Court Ordered Contact:

Name of Agency/Organization _____

Contact Person: _____

Address: _____

Phone: _____ Email: _____

Contact Verified: Date: _____ Staff: _____

Please describe your interests/skills to aid in your volunteer assignment:

Availability/Times:

- Monday:
- Tuesday:
- Wednesday:
- Thursday:
- Friday:
- Saturday:
- Sunday

How many hours are you required to work? _____

Start Date: _____ Completion Date: _____

Have you ever been convicted of a felony? _____ If yes,
 explain: _____

Signature:

By signing below, I agree to regard my assignment as a serious commitment and abide by the policies of the Albert Wisner Public Library. I understand that the AWPL reserves the right to screen, to accept or reject any applications, and to place applicants in positions based on the needs of the library. I understand that I will not be paid for my services. I also agree to maintain communication with my supervisor regarding my assignment and request clarification as necessary.

Signature: _____ Date: _____

Last updated: 9/15/2016