

**Wixom Public Library
Community Service/Volunteer Application Form**

Date _____

Name _____

Address _____

Phone _____ Special Qualifications? _____

If Student: Age _____ Grade _____

Education: High School _____ College _____ Major _____

Volunteers: How many hours desired per week? _____ What would you like to do? _____

Community Service: Number of hours needed for Community Service _____

Date to be completed by _____

Reason you have been ordered to do Community Service (what was your offense?) _____

Court Contact: _____

Telephone: _____ Which court? _____

Emergency contact in case of illness or accident:

Name: _____ Relationship: _____

Day phone: _____ Evening phone: _____

Under 18 must have this portion completed by parent or guardian:

My child _____ has my permission to perform community service work at the Wixom Public Library.

Signature of Parent or Guardian

Date

Print Name of Parent or Guardian

Telephone