

**Kelley Library**  
**Court Ordered Community Service Application**

Please include all the information requested on this form for our volunteer records.  
All information will be kept confidentially. (Please print).

**Volunteer Name:** \_\_\_\_\_

**Phone:** (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Email address:** \_\_\_\_\_

Are you below the age of 18?  YES  NO

**Driver's License State of Issue:** \_\_\_\_\_

**Why are you being required to fulfill a community service requirement?**

\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been convicted of a felony or misdemeanor that resulted in imprisonment?**  
(Note: A conviction will not necessarily disqualify you from doing CS at Kelley Library)

YES  NO

**If yes, please explain:** \_\_\_\_\_  
\_\_\_\_\_

**How many hours of service are required?** \_\_\_\_\_ **By when?** \_\_\_\_\_

**Have you previously had any involvement (employment, volunteer experience) with a library?**  YES  NO

**If yes, where? And in what capacity?**

\_\_\_\_\_  
\_\_\_\_\_

**Current Employer (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_

What are your days/hours of availability? \_\_\_\_\_

**Contacts:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

Please sign the statement below.

**“I certify that the information contained in this application is true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application and understand that any false or misleading statements or material omissions are cause for termination of my position.**

\_\_\_\_\_  
**Community Service Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Coordinator Signature**

\_\_\_\_\_  
**Date**