



WIXOM PUBLIC LIBRARY

Volunteer Application

PLEASE PRINT NEATLY AND FILL OUT FORM COMPLETELY

Date: _____

Name: _____

Address: _____

Street

City

State

Zip Code

Phone: (____) _____ Email: _____

Preferred contact method (circle one): Phone Email

Emergency Contact: _____

Name

Relationship

Phone

I am looking to volunteer to: ☐ Become a regular volunteer
☐ Fulfill court-ordered community service (fill out section below)

Special Skills/Interests: _____

Availability (please circle all that apply) (*Note: volunteer times depend on staff availability*)

Morning Afternoon Evening

Monday Tuesday Wednesday Thursday Friday Saturday

Court-Ordered Community Service

Reason you have been ordered to do community service (offense):

Date to be completed by: _____ Number of hours needed: _____

Court contact: _____

Name

Phone

Court: _____

STAFF USE

Date received: _____ Date contacted: _____

Assigned to: _____