



# WIXOM PUBLIC LIBRARY

## Volunteer Application

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 (you must complete the back of this form for court-ordered community service)

Special Skills/Interests: \_\_\_\_\_

Availability (please list times you are available to volunteer):

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_

\*Please note, all adult volunteers must complete a background check and have it approved prior to volunteering at the Wixom Public Library.

### STAFF USE

Date Received: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Assigned To: \_\_\_\_\_ Background Check Approved (Y/N): \_\_\_\_\_

## Court-Ordered Community Service Information

For what offense you have you been ordered to do community service:

\_\_\_\_\_

Number of hours required: \_\_\_\_\_

Date hours must be completed: \_\_\_\_\_

Name of Court: \_\_\_\_\_

Court contact: \_\_\_\_\_

Name

Phone