



(410) 749-3612 ext. 140
www.wicomicolibrary.org

Court-Ordered

Community Service Volunteer Application

Print Please!

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Email: _____

Cell: _____ Home: _____ Work: _____

Emergency Contact Information

Name: _____

Relationship: _____ Phone: _____

At what location(s) and times would you be available?

Location <small>(Check all that apply)</small>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
____ Centre						
____ Downtown						
____ Pittsville						

Please explain briefly the reason for community service hours?

Case Manager: _____

Email/Phone: _____

Do you have any medical condition(s) that should be considered when assigning you specific volunteer work? Yes No *If yes, please explain:* _____

Please read before signing!

By signing below, I certify that all the information contained in this application is true to the best of my knowledge. I also understand that knowingly falsifying information on this application is grounds for dismissal as a Wicomico Public Libraries Court-Ordered Volunteer.

I further agree that, should I accept a placement as a volunteer of Wicomico Public Libraries, I will **NOT** hold the agency liable in the event of personal loss or injury.

Signature *(if under the age of 18, parent must sign)*

Date