Messenger Public Library of North Aurora Court Appointed Community Service Application

Messenger Public Library of North Aurora ("MPL") accepts a limited number of adult and teen volunteers aged 13 and older for MPL's Court Appointed Community Service Program on an as-needed basis. *We regret that we cannot accommodate all applicants*. Community Service applications are kept on file for up to two years, with potential Applicants selected and contacted as the need arises.

Name:	Date of Birth
(Please Print)	(If under 18)
Address:	
Telephone: Day	Evening
Email:	
Emergency contact:	
# of Hours Needed:	Deadline Hours Needed by:
Would you like to be contacted	d past your deadline with volunteering opportunities?
Yes	No
Please describe why the court a	appointed you community service hours.
Name of Court Assigning Hou	rs:
Supervisor/Contact Person:	
Supervisor Phone #:	
Previous volunteer experience:	

Do you have any of the following skills?			
Computer experience Artistic or graphic experience Customer Service Office/clerical experience	Yes Yes Yes	-	No No No
Software and equipment used (Please circ Microsoft Word Excel	ele all you know h Publisher	ow to use): Copier	Laptop
Library experience – Please explain:			
How many hours per week do you want to	o volunteer?		
Which days are you available to volunteer	r?		
Mon Tue Wed	Thurs	_ Fri	_ Sat
What hours are you available to work?			
Mornings Afternoons		_ Evenings	
How did you hear about the library?			
Highest education reached:			
Languages spoken:			
Physical limitations:			
Current employer:			
Are you legally allowed to work with or near children: Yes No			
Are you legally allowed to operate a motor vehicle:		Yes	No
Do you have automobile insurance:		Yes	No
References:			
Name	Name		
Address	Address		
Phone	Phone		

Court Appointed Community Service Applicant's Agreement

In consideration for being permitted to participate in the MPL's Court Appointed Community Service Program ("Activity") sponsored by the MPL, I understand, represent, agree, and acknowledge that:

- 1) I participate in the Activity at my own risk.
- 2) I assume full responsibility for any and all personal injuries or property damage which I may suffer or which may occur during or related to my participation in the Activity.
- 3) Neither the MPL nor its Trustees, Officers, Employees, and Agents shall be liable for any personal injuries, property loss, or damages which I may suffer in connection with my participation in the Activity.
- 4) I release and discharge the MPL, its Trustees, Officers, Employees, or Agents and agree to indemnify and hold them harmless from any and all claims, causes of action, losses, attorneys' fees, costs, or other damages resulting from, arising out of, or relating in any way to my participation in the Activity.
- I am not covered by the Library's health, worker's compensation or automobile insurance policies.
- 6) Opportunities to volunteer are limited, and that MPL cannot guarantee that I receive my needed hours before my deadline, or any hours at all.
- 7) I have already confirmed that volunteering at MPL is considered an acceptable form of community service with the court and/or judge assigned to my case. It is not the responsibility of MPL to ensure that volunteer hours will be accepted as community service.
- 8) I am not a convicted sex offender and I am not a party to any outstanding cases or investigations involving sexual offenses.
- 9) The Library Trustees, Officers, Employees and Agents may conduct a criminal background check on me and/or review my driving record.
- 10) My references provided may be contacted by telephone or email.
- 11) Any personal information regarding patrons and staff I receive is strictly confidential.

Printed Name:	 	
SIGNATURE		
Date Signed:		

Participant is Age 17 or Under

approve of Participant's participation in t	"Participant") is age 17 or under, I/we, hereby consent to and the MPL's Court appointed Community Service Program and and acknowledge and agree to the terms stated above.
Parent/Legal Guardian	Parent/Legal Guardian
Date Signed:	Date Signed:
Parent or Guardian Phone #:(Only required if applicant 17 years of ag	

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