



# Court-Ordered Community Service Enrollment Form

Flathead County Library System

**Please complete and return this form to:**

Volunteer Coordinator  
Flathead County Library System  
247 1<sup>st</sup> Avenue East  
Kalispell, MT 59901

**Office Use**

Received \_\_\_\_\_

Contacted Applicant \_\_\_\_\_

Interviewed \_\_\_\_\_

References Contacted Y / N

Orientation Complete Y / N

Hours to Complete \_\_\_\_\_

Due By \_\_\_\_\_

Entered in Database \_\_\_\_\_

Volunteer ID# \_\_\_\_\_

Start Date \_\_\_\_\_

Location \_\_\_\_\_

Day and Time \_\_\_\_\_

Supervisor \_\_\_\_\_

Name: \_\_\_\_\_ Preferred Name or Nickname: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell)

Email: \_\_\_\_\_

Birthday (month and day): \_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_ (daytime) \_\_\_\_\_ (evening)

Describe why the court ordered community service hours: \_\_\_\_\_

Number of hours needed: \_\_\_\_\_ Completion deadline: \_\_\_\_\_

**Library Location Preference**

\_\_\_\_ Bigfork    \_\_\_\_ Columbia Falls    \_\_\_\_ Kalispell    \_\_\_\_ Marion

**Preferred Work Schedule** (Please be specific)

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Available Times</b>						

**Acknowledgement**

I understand that, as a court-ordered community service worker, I will be assigned to perform whatever duties the library considers most necessary and helpful to its operation. I also understand that my work will be reviewed and, at any time, the library may terminate my services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Release**

I authorize the Volunteer Coordinator of the Flathead County Library System to verify information on this application and to perform a check of my background as it applies to my volunteer service. I have no objections to having my record cleared through appropriate law enforcement agencies. I understand that all such information collected during the check will be kept confidential. \_\_\_\_\_(initials)

**Parental Permission** (For community service workers under 16 years old)

I (print name) \_\_\_\_\_, parent/legal guardian, grant permission for

(print) \_\_\_\_\_ to volunteer at the Flathead County Library System.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_