



**Court Ordered Community Service
Enrollment Form**
Flathead County Library System

Please complete and return this form to:
Volunteer Coordinator
Flathead County Library System, Main Branch
247 1st Avenue E.
Kalispell, MT 59901

Office Use
Interviewer _____
Date _____
Volunteer ID# _____
of Hours to Complete _____
Hours Due By _____
Start Date _____
Location _____
Day and Time _____
Supervisor _____

Name: _____

Address: _____

Zip Code: _____

Telephone: _____ (daytime) _____ (evening)

Email: _____

Date of Birth _____ Social Security Number _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Telephone: _____

Please describe why the court ordered community service hours _____

Total hours needed _____

Completion deadline _____

Library Location Preference

Bigfork
 Columbia Falls
 Kalispell
 Marion
 Whitefish

Preferred Work Schedule (Please be specific)

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Available Times						

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 do community service at the Flathead County Library System.

Parent/Legal Guardian Signature _____ Date: _____