

**Capital Area District Library**  
**401 S. Capitol, PO Box 40719, Lansing, MI 48901-7919 \* 517.367.6300**  
**Court Appointed Community Service Application Form**

**Please print clearly and complete each section.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

E-mail \_\_\_\_\_

Age (if under 18) \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?  Yes  No

(The applicant does not have to disclose information regarding a misdemeanor arrest, detention or disposition where a conviction did not result.)

If yes, describe the crime \_\_\_\_\_

Date and Location \_\_\_\_\_

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**Court Appointed Contact:** *Please list the name and phone number of your assigned court appointed contact. Please attach court papers, information concerning your court assignment, deadlines, and other requirements or related information..*

Name of Agency/Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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**Volunteer Interests** - *Please check all that apply. Activities may not be available at all times or at all locations.*

Libraries:  Dust Shelves  Shelve Books  Label Books  Greet People  
 Assist with Programs  Summer Reading  Garden  Outdoor Projects  
 Shelf Reading

Administration:  Book Project  Surveys  Mailings

Forest Parke Memorial Library:  Data Entry  Indexing/Filing  Displays   
Research  Scanning  Computers

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**Locations** - Please number in order of preference with 1 being your first choice.  
 Aurelius  Dansville  Foster  Haslett  Holt-Delhi  Leslie  
 Main (Lansing)  Mason  Okemos  South Lansing  Stockbridge  
 Webberville  Williamston  Administration  Forest Park Library

**Volunteer Availability** - Please check the times you would be available to volunteer below.  
 (Hours vary according to library site.)

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
9am - 12 Noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Noon - 5pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5pm - 9pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many hours do you wish to work each month \_\_\_\_\_?

I will be available to volunteer beginning Date: \_\_\_\_\_

**Person to contact in the event of any emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ E-mail \_\_\_\_\_

**References - Please list three references with phone numbers and e-mail.  
 Use "Relationship" to indicate how you know each reference. (Employment,  
 school, previous volunteer references preferred.)**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Relationship: \_\_\_\_\_

I hereby authorize my court appointed contact to release information regarding my offense and discuss my record with CADL representative. I understand that this information will be kept in strict confidence.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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**Please sign below when you have read and understood all statements on both pages.**

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the Capital Area District Library from any liability for supplying such information.

I understand that the Capital Area District Library reserves the right to screen volunteers, to accept or reject any applications, and to place applicants in specific locations and positions based on the needs of the Library.

I understand that I will not be paid for my services as a volunteer and I am giving my time freely to the Library.

I understand that my volunteer service may end at any time for any reason with or without cause and with or without notice.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if the applicant is under age 18.)