

*Marian J. Mohr Memorial Library*

APPLICATION FOR VOLUNTEER OR COMMUNITY SERVICE WORK

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Emergency Contact Information :

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

*Include parent or legal guardian for volunteer under 18.*

Agency, School or Court, if any, that sent you to do community service or to which you would like service reported:

\_\_\_\_\_

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

Agency Contact Person or Judge: \_\_\_\_\_

For court-assigned community service, please disclose the criminal charge:

\_\_\_\_\_

Any restrictions on the type or conditions of work. Include allergies or physical limitations:

\_\_\_\_\_

Any specific types of work requested to be performed, if known:

\_\_\_\_\_

Number of hours you'd like to do, if known: \_\_\_\_\_

Date if any work is to be complete: \_\_\_\_\_

continued

(continued) NAME OF VOLUNTEER:

Days and times you are available: \_\_\_\_\_

Volunteers at Mohr Library may be subject to BCI or national background checks. The Town of Johnston will not permit persons convicted of violent crime, sexual assault or unlawful distribution of controlled substances to work at the library due to the regular presence of children. Your signature below confirms that you do not have any of these convictions on record and that you will submit to any background checks deemed necessary by the Town of Johnston prior to working at the Library.

Signature of volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE:

Work to be assigned: \_\_\_\_\_

Volunteer Supervisor (s): \_\_\_\_\_

Background Check performed? \_\_\_\_\_ Town of Johnston Administrative Approval? \_\_\_\_\_

Signature of Library Director: \_\_\_\_\_ Date: \_\_\_\_\_

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1 Memorial Avenue  
Johnston, RI 02919  
(401) 231-4980  
mohrlibrary.net

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