

## Community Service Student Application Form

School Year 20\_\_\_\_\_ to 20\_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

School \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Cell/Text ( ) \_\_\_\_\_ Student Email \_\_\_\_\_

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How many hours would you like to complete? \_\_\_\_\_

Please list your available hours \_\_\_\_\_

Deadline date: \_\_\_\_\_

Please indicate which items interest you most?

\_\_\_\_\_ Shelving and organizing library materials

\_\_\_\_\_ Helping with summer reading & teen activities

\_\_\_\_\_ Helping with the Friends of the Library activities

\_\_\_\_\_ Processing library materials

Is there anything else you might like to do at the library?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I attest that I performed the documented hours of community service listed above and met all the qualifications as outlined by (school)\_\_\_\_\_.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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### **Parent/Guardian**

*Please read the passage below and sign giving your child permission to participate in this volunteer community service program at the Sharon Public Library.*

Parent/Guardian Name \_\_\_\_\_

Parent Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of emergency please call (Name) \_\_\_\_\_ (Phone) \_\_\_\_\_

Parent email address \_\_\_\_\_