

Statesboro Regional Public Libraries

Statesboro-Bulloch County Library

Request for Community Service

This form is for court ordered community service hours requests to be completed with the Statesboro-Bulloch County Library. The Library is not a 501c3. Those interested in general volunteering or school service hours should fill out the Volunteer Application. Anyone over the age of 18 must complete or provide a recent criminal background check before volunteering at the library. The Library is not obligated to provide any or all of the community service hours needed by the applicant.

Name: _____ Date: _____

Birthdate: _____ Are you 18 or younger? _____ YES _____ NO

Physical Address: _____

Mailing Address (if different): _____

Phone Number: _____

Email: _____

ID Type: _____ Number: _____

(Attach photocopy of government issued photo ID to this form.)

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

Name of your probation officer/case worker: _____

Probation officer/case worker contact phone number: _____

Probation officer/case worker contact email: _____

How many hours do you need to complete? _____

By what date do these hours need to be completed? _____

What was your offense? (The Library cannot offer hours to those with violent offenses, drug offenses, or offenses against minors.) _____

What will the Library need to provide to your probation officer/case worker? (please attach a copy of any form or agreement, if possible): _____

When are you available to volunteer? (check all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings						
Afternoons						

I understand:

- A sex offender registry check and criminal background check may be conducted on all applicants. The applicant is responsible for any fees, which must be paid prior to running a background check.
- SRPL is a smoke-free, drug-free, and alcohol-free environment.
- I am expected to understand and comply with SRPL policies. Under Georgia state law, library volunteers are mandatory reporters of suspected child abuse.
- I will not receive payment or discounted fees for service.
- I will sign in and out every time that I report to and leave the Library.
- I may be terminated if I violate the Policies of the Library.

Signature: _____ Date: _____

Library Staff Use Only

Review Date: _____ **Signature:** _____

Registry (<http://www.nsopw.gov>) checked on: _____

Background Check Received: Y/N Supervisor: _____

Start Date: _____ End Date: _____

Work Schedule: _____

Request a background check only if you are accepting volunteer for current service. Applications may be held for six months on an as-needed basis.

*Send original of this form to Business Services with background check request.
Scan a copy of this form to the Shared Folder.*