



## **COMMUNITY SERVICE INFORMATION**

### **Volunteer/Community Service Application**

The Elmhurst Public Library works with organizations such as the York Community High School Peer Jury program and the DuPage County Probation Department to provide community service opportunities to **Elmhurst residents or students in Elmhurst public schools**, depending on the availability of appropriate tasks and work schedules. All applicants must complete the attached application form. If a suitable assignment is available, an interview will be required as part of the application process before a Community Service opportunity can be offered.

The Library cannot offer Community Service assignments to persons who have committed offenses including, but not limited to: theft, assault, arson, crimes against children, sex crimes. Applicants must agree to a background check and/or verification of the terms of the Community Service requirement.

Applications must be submitted well in advance of the deadline for completion of service. Community service is generally scheduled for 2-4 hours per week at times convenient to the Library. No service assignments will be scheduled on Sundays.

In the case of minors (under the age of 18) a parent or guardian must also sign the Community Service Application.

**A Community Service assignment is not guaranteed until the application process, including an interview, has been completed and an offer has been made by the Library. Community Service will be terminated if there is any violation of Library rules or if the applicant fails to adhere to the assigned schedule.**



## Volunteer/Community Service Application

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone number: Day \_\_\_\_\_ Evening \_\_\_\_\_

Do you attend an Elmhurst Public School? Yes \_\_\_ No \_\_\_ If so, which one? \_\_\_\_\_

Is your Community Service required? Yes \_\_\_ No \_\_\_

If yes:

1. Number of hours needed \_\_\_\_\_
2. Required completion date \_\_\_\_\_
3. Organization requiring community service \_\_\_\_\_
4. Contact person/phone \_\_\_\_\_
5. How is community service time to be reported? \_\_\_\_\_

How many hours per week can you work? \_\_\_\_\_

What times are you available to work? \_\_\_\_\_

A permanent schedule will be discussed at the time of your interview.

**Please note:**

Your Volunteer/Community Service will be terminated if you do not adhere to the assigned schedule.

*(Continued on reverse)*



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Do you have any physical limitations that would restrict your Community Service activities?

No Yes \_\_\_\_\_ (please specify)

Person to contact in case of emergency:

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

Address \_\_\_\_\_

Telephone: \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

My signature on this application indicates that I understand and agree to the following conditions:

1. I hereby certify that all information contained in this application is true to the best of my knowledge. I agree and understand that any false statements contained herein may cause rejection of my candidacy for volunteer/community service or termination of my service.
2. The Elmhurst Public Library reserves the right to verify the criminal record information I have provided through appropriate local, state or Federal law enforcement agencies.

I also understand that any misrepresentation, false statements, omission of facts or failure to provide requested information on this application may cause rejection of my candidacy for Volunteer/Community Service or termination of my service. **In addition, I understand that a personal interview is required as part of the application process.** If I am accepted for a Volunteer/Community Service assignment, I agree to abide by the rules and policies of the Elmhurst Public Library.

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

**If applicant is under age 18:**

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_



**ELMHURST PUBLIC LIBRARY  
PRE-COMMUNITY SERVICE INQUIRY RELEASE**

As a community service volunteer at the Elmhurst Public Library, I understand that a criminal investigative background inquiry will be made on me. I understand that the Elmhurst Public Library will be requesting information from various federal, state and other agencies which maintain the pertinent records.

I authorize without reservation any party or agency contacted by the Elmhurst Public Library to furnish the above-mentioned information.

Print Full Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

Applicant's Phone Number, including area code \_\_\_\_\_

**STATEMENT OF PURPOSE FOR COLLECTION OF SOCIAL SECURITY NUMBERS**

You are being asked for your SSN for the following reason: **Background check for employment.** We will only use your SSN for the purpose(s) for which it was collected.

**We will not:**

Sell, lease, loan, trade, or rent your SSN to a third party for any purpose; Publicly post or publicly display your SSN; Print your SSN on any card required for you to access our services; Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or Print your SSN on any materials that are mailed to you, unless State or Federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.

**Questions or Complaints about this Statement of Purpose:**

Write to the Elmhurst Public Library, Attn: Library Director, 125 S. Prospect, Elmhurst, IL 60126