

PEABODY PUBLIC LIBRARY

COMMUNITY SERVICE APPLICATION

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Phone: _____ Phone: _____

E-mail: _____

Age: _____ *Signature of parent or guardian required if under 14 years of age

Emergency Contact: _____ Phone: _____

Number of Hours to Be Completed _____

Date Hours Must be Completed _____

Office use only Community Service Verified _____

Hours of Operation:

Monday 9 am.-6 pm.

Tuesday 9 am.-8pm.

Wednesday 9 am.-8pm.

Thursday 9 am.-8pm.

Friday 9 am.-6pm.

Saturday 9 am.-5pm.

Sunday 1 pm.-5 pm.

Hours Available:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

(Open Sundays from Labor Day until Memorial Day)

Peabody Public Library is happy to provide you the opportunity to complete your community service. However there are certain offenses that we are not able to provide community service for: Theft, Conversion, Sexual or Violent Act.

We reserve the right to terminate your service at any time. Reasons for termination can include absenteeism, inability to perform assigned tasks, inappropriate attire, not staying on task, or inappropriate language or behavior.

We want to be flexible, so you will set your own hours on a week by week basis. If you are unable to come in at your scheduled time, please call in as failure to do so could result in termination.

By signing below, you understand and accept these terms.

Printed Name: _____

Signature: _____ Date: _____

Approved by: _____ Date: _____