



Community Service Volunteer Application

South Haven Memorial Library

314 Broadway Street, South Haven MI 49090

Phone: 269-637-2403 * Fax: 269-637-1685

Email: shml@shmlibrary.org * www.shmlibrary.org

Date of Application: _____

Name: _____
(last) (first) (middle)

Address: _____
(street) (city) (zip)

Phone: _____ home / work / cell (circle one)

Email: _____ @ _____

AGENCY REQUIRING COMMUNITY SERVICE: _____

CASEWORKER: _____

PHONE NUMBER OF AGENCY: _____

Total number of community service hours needed: _____

Availability: (check all that apply)

- | | | |
|------------------------------------|------------|------------|
| ☐ Monday | _____ a.m. | _____ p.m. |
| ☐ Tuesday | _____ a.m. | _____ p.m. |
| ☐ Wednesday | _____ a.m. | _____ p.m. |
| ☐ Thursday | _____ a.m. | _____ p.m. |
| ☐ Friday | _____ a.m. | _____ p.m. |
| ☐ Saturday | _____ a.m. | _____ p.m. |

It is the responsibility of the volunteer to be on time and to notify the library staff if you are going to be absent. Also, it is the volunteer's responsibility to keep track of their hours and provide the library staff with paperwork to return to the agency requiring community service.

OFFICE USE ONLY

Start Date: _____

Authorized Signature: _____

Date: _____

Notes:

Revised: 11-2021