

Court Ordered Community Service



**RUTHERFORD
COUNTY
LIBRARY SYSTEM**

ATTENTION: FORM IS DOUBLE-SIDED! This form must be filled out COMPLETELY in order for your application to be considered; place “n/a” in blanks that don’t apply to you. Filling out this form does NOT guarantee hours can be completed at RCLS. We will contact you if/when openings become available. IF YOUR HOURS ARE ASSIGNED BY PROVIDENCE: They WILL NOT accept hours done here, and we will not be able to sign off on them.

HOW MANY HOURS DO YOU NEED? _____

WHAT IS YOUR DEADLINE? _____

Personal Information:

Name: _____ Date: _____

Address: (Street, City, State, Zip) _____

Daytime Phone #: _____ Email: _____

List any limitations or concerns you’d like us to consider: _____

Have you ever applied for a paid or non-paid position with RCLS before? _____

Additional Information (required):

Number of hours you are required to complete: _____ Deadline: _____

Reason for probation: _____

Please provide an explanation as to the nature & circumstances of your offense: _____

Name and contact information for your P.O. _____

Are you currently employed? _____ Employer: _____

Are you currently enrolled in school? _____ Highest level of education completed? _____

Do you have a Linebaugh Public Library System Card? _____ Card # _____

Emergency Contact Information:

Emergency Contact full name _____

Relationship: _____ Contact # _____

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When are you available?

AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Mon	Tue	Wed	Thu	Fri	Sat	Sun

Conditions of Community Service *(Initial Each Paragraph, sign & provide info as needed)*

LIABILITY RELEASE

In consideration of the acceptance of my application for Rutherford County Library System (RCLS) Community Service Program, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of participation as a CS worker with a branch of the RCLS. This release is intended to discharge in advance the RCLS, its employees or agents from liability. It is understood that some CS activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

CONSENT TO TREAT

I hereby give my consent to be treated by a physician or surgeon in case of sudden illness or injury while participating in RCLS Community Service Program. It is understood that the RCLS provides no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

Personal Physician _____ Contact Information _____

CS WORKER AGREEMENT

The Library reserves the right to screen & select CS Workers based upon aptitude and library needs as well as to determine all CS worker placements, assignments and shift durations. I understand that not every applicant will receive a placement, and that the placements are determined by available work and individual applicant's abilities to complete tasks available. By completing and signing this form, I am certifying that I am willing to make the above delineated commitment and that I consent to the conditions of work and a comprehensive background check. My signature below signifies that all of the information provided herein is complete and accurate to the best of my knowledge. I further understand that misrepresentation or omission on this form will result in elimination for consideration, now or in the future. I agree to abide by any current or future instructions, rules and policies of the RCLS. I further understand that my arrangement and CS worker position can be eliminated by RCLS at any time for any reason, and without advance notice from RCLS. I certify that I enter freely into this arrangement with no expectation of monetary compensation.

Signature & Date: _____