

**MCCOMB PUBLIC LIBRARY  
COURT ORDERED/COMMUNITY SERVICE APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Name of agency referred by \_\_\_\_\_

Contact name and number for agency \_\_\_\_\_

Hours needed \_\_\_\_\_

Are you physically able to sweep, dust, lift, etc? \_\_\_\_\_ yes \_\_\_\_\_ no

I have read and received a copy of the McComb Public Library's Court Ordered Community Service guidelines and agree to abide by them if I am granted service time by the McComb Public Library.

Printed name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

If under 18 parental signature and contact information is required

Parent name \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_