

# Community Service Application

Warwick Museum of Art allows individuals assigned to court-ordered community service to complete their hours at our facility. Please complete and return this form to our staff as soon as possible. We'll review it and contact you if you're a good fit for community service with us.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Violation Information (check one):

Moving Violation    Non-moving violation    DUI

Other: \_\_\_\_\_

*(Note: We maintain the right to refuse individuals based on the nature of their violation)*

Number of court-appointed hours: \_\_\_\_\_

Date Hours need to be completed by: \_\_\_\_\_

*(Note: Individuals can only complete a maximum of 20 hours at the WMOA)*

## Volunteer Availability

*Please provide times for each day you are available:*

Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_ Start Date: \_\_\_\_\_

## Authorizations

I am under the age of 18 and my Parent/Guardian has given me permission to volunteer below.

I give \_\_\_\_\_ permission to volunteer at WMOA.

(Volunteer's Name)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am over the age of 18 and have provided a valid form of ID.

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



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WMOA Updated 10-15-14

### Office Use Only

- Permission \_\_\_\_\_
- ID Check \_\_\_\_\_
- Approved \_\_\_\_\_
- Called On \_\_\_\_\_

