



Volunteer Application for Adults age 18 and older

Today's date _____ Name: _____
PLEASE PRINT Last First Middle Initial

Address: _____

City _____ State _____ ZIP Code _____

Phone: Cell () _____ Home () _____ Work () _____

***Email Address:** _____

Emergency Contact: _____ Relationship: _____

1st # to call () _____ 2nd # to call: () _____

Have you ever been convicted of a felony? Circle one: No Yes _____
Please specify

SKILLS AND INTERESTS

Education: _____

Current occupation: _____

Previous volunteer experience: _____

Specific job requested (see other side) _____
[Not all jobs are available at all times.]

AVAILABILITY

At what times are you interested in volunteering?
___ Flexible ___ Weekday mornings ___ Weekday afternoons ___ Weekday evenings

Other: _____
[Volunteer opportunities on weekends are usually special projects and do not happen often.]

Please list 2 non-family references (names and phone numbers):

• _____ Phone: _____

• _____ Phone: _____

Return application to

Hussey-Mayfield Memorial Public Library, Mary Z. Rueff
P.O. Box 840, Zionsville, IN 46077
OR email PDF to maryr@zionsvillelibrary.org

FOR OFFICE USE ONLY:

Date received: _____

Staff initials: _____