



Volunteer Application for Teens age 14 to 17

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

Address: _____

City _____ State _____ ZIP Code _____

Email address: _____

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

Emergency Contact: _____ Relationship: _____

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

BACKGROUND INFORMATION

School currently attending & grade: _____

Is this for school or a requirement for a group such as scouts? If so, what organization, how many hours are required and when do they need to be completed?

Previous volunteer experience: _____

Teen Volunteers work with the Teen Librarian on various projects for the Teen Department. Projects come up year-round and are for specified, short periods of time. **[Teen volunteer jobs are not available at all times.]**

AVAILABILITY

At what times are you interested in working?
___Flexible ___Weekday mornings ___Weekday afternoons ___Weekday evenings

Other: _____

[The Teen Volunteer Corps is a special group that volunteers in the summer months and has a separate application. Ask the Teen Librarian about this volunteer opportunity.]

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

- _____ Phone: _____
- _____ Phone: _____

Return application to
Hussey-Mayfield Memorial Public Library, Attn: 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: _____