

Volunteer Application for Students in Grades 6 - 12 If you are seeking court-ordered community service, please ask for a different application.

| Today's date | | | | Medial Level |
|---|--|---|---|----------------|
| Address | Last | | First | Middle Initial |
| City | | State | ZIP Code | _ |
| Best method of contacting you | [circle one] Email add | ress | | |
| Phone Cell () | Home | e() | | |
| Emergency Contact | | | | |
| 1 st # to call () | 2 nd # | to call () | | |
| School | | | | Grade |
| Is this required for school or a group such as NHS, NJHS, Key Club, scouts or another group? If yes, specify group. | | | | |
| | | | | |
| Number of hours needed Date hours need to be completed | | | | |
| Is paperwork (signature by Lib | rary staff) needed? | Yes N | 0 | |
| Describe previous volunteer exp | perience | | | |
| Teen Volunteers work with the and are for specified, short peri | | | | |
| AVAILABILITY At what times are you available to volunteer? Please circle days preferred. | | | | |
| FlexibleWeekday bef | ore 5 PM [M, T, W, T | h, F]W | eekday after 5 PM [M | , T, W, Th] |
| [The Teen Volunteer Corps application, DUE IN APRIL. askalib@zionsvillelibrary.or toward total requirements. | Contact the Teen Ling.] Note: Not all scho | <mark>brarian about</mark> ool & other gro | this volunteer oppoi oups will accept sum | rtunity at |
| Please list 1 non-family reference | ce (name and phone nu | ımber): | | |
| • | | Ph | none: | |
| Hussey-Mayfield Memorial Pu | Zionsville, IN 46077 | | FOR OFFICE USE ONI Date received: Staff initials: | |

Revised 04/2019