



## 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: \_\_\_\_\_

1<sup>st</sup> # to call ( ) \_\_\_\_\_ 2<sup>nd</sup> # 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: \_\_\_\_\_