



Volunteer Application for Adults

If you are seeking court-ordered community service, please ask for a different application.

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 or Library website) _____

[Not all jobs are available at all times.]

AVAILABILITY

At what times are you available to volunteer? Please circle days preferred.

___ Weekday mornings [M, T, W, Th, F] ___ Weekday afternoons [M, T, W, Th, F]

___ Weekday evenings [M, T, W, Th] ___ Flexible

Other _____

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

Please list 1 non-family reference (name and phone number):

• _____ Phone: _____

Return application to
Hussey-Mayfield Memorial Public Library, Volunteer
Coordinator
250 N. 5th St., Zionsville, IN 46077
OR email PDF to volunteers@zionsvillelibrary.org

FOR OFFICE USE ONLY:
Date received: _____
Staff initials: _____