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 ____________________  Name _________________________________________________________________

Last                     First              Middle Initial

Address ___________________________________________________________________________________________

City___________________________________________ State______ ZIP Code ____________

Emergency Contact _______________________________________________ Relationship_______________________

1st # to call (     ) ______________   2nd # to call (     ) ____________________

School _______________________________________________________________________  Grade ______

Describe 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. [Student volunteer jobs are not available at all times.]

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


[The Teen Volunteer Corps is a special group that volunteers in the summer months and has a separate application, DUE IN APRIL. Contact the Teen Librarian about this volunteer opportunity at askalib@zionsvillelibrary.org.] Note: Not all school & other groups will accept summer volunteer hours toward total requirements. Please contact group advisor to verify.

Is this required for school or a group such as NHS, NJ HS, Key Club, scouts or another group? If yes, specify group.

Number of hours needed ________ Date hours need to be completed _________________________

Is paperwork (signature by Library staff) needed?           Yes           No

Describe previous volunteer experience ________________________________________________________________

Return application to
Hussey-Mayfield Memorial Public Library, Attn: Teen Librarian
250 N. 5th St., Zionsville, IN 46077
OR email PDF to studentvolunteers@zionsvillelibrary.org

FOR OFFICE USE ONLY:
Date received: _________________________
Staff initials:______________________