



# 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](mailto:volunteers@zionsvillelibrary.org)

FOR OFFICE USE ONLY:  
Date received: \_\_\_\_\_  
Staff initials: \_\_\_\_\_