



## 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** \_\_\_\_\_

1<sup>st</sup> # to call ( ) \_\_\_\_\_ 2<sup>nd</sup> # 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 \_\_\_ Weekends [ Sa, Su ]

I consent to have this application shared with the HMMPL Friends of the Library for additional volunteer opportunities in support of the Library (Check box to give consent)

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

• \_\_\_\_\_ Phone: \_\_\_\_\_

**Return application to**  
Hussey-Mayfield Memorial Public Library, Volunteer  
Coordinator  
250 N. 5<sup>th</sup> St., Zionsville, IN 46077  
**OR email PDF to [volunteers@zionsvillelibrary.org](mailto:volunteers@zionsvillelibrary.org)**

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