



Friends of the
Wilmington Library

THE WILMINGTON LIBRARY VOLUNTEER APPLICATION

Date of Application:
AREA:

Starting Date
Ending Date
Total Hours

Please type or print:

NAME _____

ADDRESS _____

PHONE H) _____ C) _____

E-MAIL _____

OCCUPATION/
SCHOOL _____

EMPLOYER/
GRADE _____

TIMES AVAILABLE A.M. _____ P.M. _____

HOURS _____

HOBBIES, SKILLS, SPECIAL INTEREST

REFERENCES:

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

Emergency contact _____