WICOMICO COUNTY FREE LIBRARY
VOLUNTEER APPLICATION

NAME _____
Last First Middle

ADDRESS _____ PHONE _____
Street Home
_____ PHONE _____
City State Work

In case of emergency notify _____

Relationship _____ PHONE (home) _____ (work) _____

Education (circle last year completed) 7 8 9 10 11 12 College 1 2 3 4

Previous volunteer or work experience _____

_____

_____

Date available to start _____

Days and times available Morning Afternoon Evening

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

The information on this form is used for placement purposes only. Wicomico Library is an equal opportunity employer.

APPLICANTS SIGNATURE _____ DATE _____