

**DURHAM PUBLIC LIBRARY
VOLUNTEER APPLICATION**

NAME: _____

ADDRESS: _____

TELEPHONE: _____(HOME)

_____ (WORK)

_____ (CELL)

PREVIOUS LIBRARY EXPERIENCE:

DAYS/TIMES YOU ARE AVAILABLE: (please check all that apply)

Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat ___

Mornings ___ Afternoons ___ Evenings ___

Thank you for your interest in volunteering at the Durham Public Library!

Date volunteer service began _____

Director's initials: _____