Volunteer Application

Personal Information

name __________________________________________________________________________________________________________________________
last                                                                         first                                                                                              middle
address ____________________________________________________________________________________________   __________________________
street or PO box              apt.#
city/state/ZIP _________________________________________________________________________________________________________________
home phone ____________________________   cell phone ____________________________   work phone ___________________________
email   _________________________________________________________________________________________________________________________
emergency contact _________________________________________________________________________________________________________
name                                                       relationship             phone
birth month/day ____________________________________   home branch ______________________________________________________
send communications by □ email □ postal mail □ youth (ages 12-18) □ adult (ages 18 & up)

types of volunteer duties (check all areas of interest)

Basement Book Sale
☐ shelving/sorting books
☐ assisting customers
Bobby L. Roberts Library for Arkansas History & Art
☐ greeter
☐ front information desk
☐ gallery information desk
☐ administrative assistance
☐ special projects/events
☐ 2nd Friday Art Night
Bookstore at Library Square
☐ sorting books
☐ cleaning books/DVD cases/shelves
☐ special events
☐ assisting with programs
☐ assisting/greeting customers
Ron Robinson Theater
☐ concessions
☐ box office
☐ greeter/floater
☐ stagehand
Outreach
☐ Six Bridges Book Festival
☐ Summer Reading Club
Local Branches
home branch: _________________________________
☐ shelving/sorting books
☐ cleaning books/DVD cases/shelves
☐ programs/special events
☐ greeting patrons

availability (please check all that apply)

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Why do you want to volunteer at the library? __________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
Qualifications
previous work or volunteer experience
_____________________________________________________________________________________________________________________________________________________________________
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special skills, interests, or hobbies
_____________________________________________________________________________________________________________________________________________________________________
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If volunteer hours have been assigned by school, the court system, or other program, please indicate

name of school/program: ____________________________________________________________
umber of hours needed: __________________________ date by which hours must be completed: __________________________

Personal References

name: ____________________________________________________________________________relationship: ____________________________________________________________________________
phone: ____________________________________________________________________________email: _________________________________________________________________________________

name: ____________________________________________________________________________relationship: ____________________________________________________________________________
phone: ____________________________________________________________________________email: _________________________________________________________________________________

name: ____________________________________________________________________________relationship: ____________________________________________________________________________
phone: ____________________________________________________________________________email: _________________________________________________________________________________

I understand that volunteer work at CALS is dependent on the library’s schedule and may only be completed if work is available to be done. I understand that my status as a volunteer may be evaluated based on my performance and may be revoked at the discretion of the Volunteer Coordinator and/or Branch Manager.

name: ____________________________________________ date: ____________________________________________________________________________
signature: ____________________________________________________________________________ date: ____________________________________________________________________________
parent/guardian signature if under 18

Return this form to: Volunteer Coordinator, Main Library, 100 Rock Street, Little Rock, AR, 72201 or email to volunteer@cals.org.

updated 1/18/19