

Volunteer Application



date _____

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

birthdate _____ 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)

Used Book Sales

- shelving/sorting books
- assisting customers

Ron Robinson Theater

- concessions
- box office
- greeter/floater

Local Branches

- home branch: _____
- shelving/sorting books
 - cleaning books/DVD cases/shelves
 - programs/special events
 - greeting patrons

Bobby L. Roberts Library for Arkansas History & Art

- front information desk
- administrative assistance
- special projects

Outreach

- Six Bridges Book Festival
- Summer @ CALS
- Count UP math tutoring program
- Be Mighty meal program
- Rock It! Lab

Availability (please check all that apply)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
morning							
afternoon							
evening							

Why do you want to volunteer at the library? _____

Qualifications

previous work or volunteer experience

special skills, interests, or hobbies

If volunteer hours have been assigned by school, the court system, or other program, please indicate

name of school/program: _____

number 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. If you have any questions about the volunteer program, please contact Polly Deems at pdeems@cals.org or (501) 918-3085.

name: _____ date: _____

signature: _____ date: _____

parent/guardian signature if under 18

updated 4/3/23



MAIN LIBRARY
100 Rock Street, Little Rock, AR 72201
PHONE 501.918.3000 **FAX** 501.375.7451 **WEB** CALS.ORG