

Volunteer Application



date _____

Personal Information

name _____
last first middle

preferred pronouns he/him she/her they/them

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 14-17) adult (ages 18 & up)

Types of volunteer duties (check all areas of interest)

Used Book Sale

- shelving/sorting books
- assisting customers

Bobby L. Roberts Library for Arkansas

History & Art

- front information desk
- administrative assistance
- special projects

Ron Robinson Theater

- concessions
- box office
- greeter/floater

Outreach

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

Local Branches

home branch: _____

- shelving/sorting books
- cleaning books/DVD cases/shelves
- programs/special events
- greeting patrons
- gardening
- landscaping/grounds maintenance

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?

Special Skills

- audio/visual
- data entry
- marketing
- events
- tutoring
- gardening
- teaching

Interest/Hobbies

- movies
- art
- outdoor activities
- woodworking
- pottery
- reading
- music
- theater

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 Reference

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

Mail this form to: Volunteer Coordinator, Main Library, 100 Rock Street, Little Rock, AR, 72201 **or return to** your home branch.

updated 4/12/24



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