

# Duluth Public Library Volunteer Application: Movie Attendant

**Job Description:** Volunteer Movie Attendants provide a library-related presence during the showing of movies at the library by monitoring the equipment, adjusting the volume of the film if needed, monitoring audience activity and noise level, counting the attendance, directing people to the bathrooms, etc. Volunteers must be available for 3 hours on the day of the movie, arriving 30 minutes early to help setup, staying through the movie, and helping with shut-down once the movie is over. They report any concerns/problems to the designated library staff person.

**Qualifications:** Applicants must be familiar with DVD players, enjoy interacting with both children and adults, and able to provide a calming presence.

**Ability Requirement:**

1. Ability to take attendance of a crowd
2. Ability to follow oral and/or written instructions
3. Ability to operate the library DVD player and projector equipment (after training)
4. Ability to stay calm and contact library staff in the event of a disruption, emergency or equipment malfunction

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email address (optional) \_\_\_\_\_

Available day(s) and times (please allow 3 consecutive hours):

	Afternoon	Evening
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

I would like to show \_\_\_\_\_ films for kids & families \_\_\_\_\_ films for adults \_\_\_\_\_ no preference

Person to contact in an emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever volunteered for the Library before?  No  Yes - when? \_\_\_\_\_

Return the completed and signed application to the Fiction/Media desk.  
Questions? Email [webmail@duluth.lib.mn.us](mailto:webmail@duluth.lib.mn.us) or call 730-4240

A background check will be done on all qualified applicants before they begin their volunteer positions.

By signing this form you are stating that all information given is correct; false information will cause your application to be rejected or cause termination of your volunteer position. By signing this form you are also agreeing to the volunteer time commitment stated above.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date