

**Changing Hands Bookstore
JR STAFF APPLICATION**

300 W. Camelback Rd Phoenix, AZ 85013 | 6428 S. McClintock Dr Tempe, AZ 85283
inbox@changinghands.com

PERSONAL INFORMATION (please write legibly)

First Name: _____ Last: _____

Date of Birth (m/d/y): _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

E-mail Address: _____

Have you been vaccinated for Covid-19? Yes No Not yet, but I plan to

Are you able to commit to wearing a mask during your volunteer shifts? Yes No

If no, please feel free to explain (optional): _____

Where did you hear about our junior staffer program?

Friend/Classmate/Staffer Advertisement CHB Website Other _____

EDUCATION/WORK EXPERIENCE

Select your current level

Freshman Sophomore Junior Senior

School: _____ Favorite Subject: _____

Extracirriculars: _____

Have you volunteered elsewhere, either in the past or currently? If Yes, please list where, the hours per month, and describe your duties:

GETTING TO KNOW YOU

Have you attended CHB events (virtual or in person) in the past?

Yes, often Yes, once or twice No

What was the last event you attended? _____

What are your favorite genres? _____

Who are your favorite authors? _____

What's the best book you've read for school? _____

What are three of your current favorite books? _____

What book should EVERYONE read? _____

Which of the following have you read extensively? *(please check all that apply)*

YA graphic novels/manga comics adult lit

What was your last TV binge? _____

I have experience with: *(please check all that apply)*

taking photos crafting giving tours social media

Do you have any other special skills? _____

I have: *(please check all that apply)*

a booktube channel a bookstagram ig a book blog

AVAILABILITY

At which store would you prefer to volunteer? (select one)

Tempe Phoenix Both

What day of the week are you available? (select all applicable)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

And what time of day? (select all applicable)

Mornings Afternoons Evenings

EMERGENCY CONTACT

Name: _____

Relationship: _____ Preferred Contact #: _____

REFERENCE

Name: _____

Relationship: _____ Preferred Contact #: _____

Do you know any Changing Hands employees or volunteers? Yes No

Who? _____

Signature: _____ **Date:** ____ / ____ / ____

Thank you!

Please return your complete application to either of our stores during regular business hours.

QUESTIONS?

Call 480-730-0205 (Tempe) or 602-274-0067 (Phoenix) and ask for our Jr. Staff Coordinator.

FOR OFFICE USE ONLY: Date Received ____ / ____ / ____ By: _____