

TEEN TEAM APPLICATION

Please return to: Volunteer Coordinator, 100 E. Abriendo Ave., Pueblo, CO. 81004-4232

Please fill out the following: Name: Abigail Prior Address: 2681 Emilia St. City: Melolo, Colosado					Date: 5/20/16				
City:	1000 10	Ocado	n Out	Stat	e: ('() Zi	p: <u> </u>			
Phone: 719-289-8587 Email: abbie Prior 03 @ Grad - Con									
School: Pror Academy Home Schooling					Age: <u>13</u>				
Are you volunteering for school credit? If so, hours needed									
Check the location(s) where you would like to volunteer: RawlingsBarkmanX_LambPueblo WestGiodonePatrick LuceroGreenhorn Valley Please check the days and times you are available to volunteer:									
Please ch			mes you a						
Oom Inm	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.		
9am-1pm									
1pm-5pm 5pm-9pm									
List one adult not related to you, whom we can contact for a reference. Name Leah Madrill Phone 719 334 2958 Emergency Information:									
IN CASE OF EMERGENCY PLEASE CONTACT: hen or Jolene frion									
PHONE: 719-289-8788/719-289-8587 RELATIONSHIP: 100-25									
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Signature of pa	rent or guardia	n C			Date	~U/ I(I)			

Please answer the following questions:

this experience?
I love to read and therefore I love the library
I love to read and therefore I love the modality of volunteer at The always wanted to work or volunteer at a library. I am hoping that me volunteering as the library will increase my love for books. 2. Please list your hobbies, interests, clubs or other information you would like us to
a library-Ivam hoping that the Cos box le
the library will increase my love for books.
2. Please list your hobbies, interests, clubs or other information you would like us to
know about you:
I love reading
· I enjoy Singing and listening to music · I like to write
· I really enjoy teaching others
3. How do you use the library? (homework, information, recreational reading, etc.)?
I use the library for Pecleational Peading.

1. Why do you want to volunteer at the library and what do you hope to gain from

Please sign below when you have read and understood all statements:

I certify that all statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release Pueblo City-County Library District from any liability for supplying such information.

I understand that the Pueblo City-County Library District reserves the right to screen volunteers and will not accept as a volunteer anyone who would jeopardize any aspect of library service or safety of library staff and customers.

I understand that if I miss my scheduled date and time of service without prior notification, my volunteer opportunity may be terminated.

I understand that I will not be paid for my services as a volunteer and I am giving my time freely to the Pueblo City-County Library District.

I understand that by volunteering, I am not guaranteed any special consideration for any future permanent job positions with the Pueblo City-County Library District.

APPLICANT SIGNATURE: Wigoil / rior DATE: 5/20/16	
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