

PUEBLO CITY-COUNTY LIBRARY
 Ideas • Imagination • Information

TEEN TEAM APPLICATION

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

Please fill out the following:

Name: Alexandra Kennedy Date: 6/23/17
 Address: 16 mayweed ct
 City: Pueblo State: Co Zip: 81001
 Phone: 719-251-5929 Email: Alex Kennedy 737@gmail.com
 School: Pueblo Arts Academy Age: 12

Are you volunteering for school credit? If so, hours needed

Check the location(s) where you would like to volunteer:

Rawlings Barkman Lamb Pueblo West Giodone
 Patrick Lucero Greenhorn Valley

Please check the days and times you are available to volunteer:

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
9am-1pm					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
1pm-5pm					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5pm-9pm					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

List one adult not related to you, whom we can contact for a reference.

Name Midori Clark Phone 251-3004
In the Summer

Emergency Information:

IN CASE OF EMERGENCY PLEASE CONTACT: Maria Tucker
 PHONE: 719-251-5929 RELATIONSHIP: Mother

Parent signature required below:

I Maria Tucker give my teen Alexandra Kennedy
 permission to volunteer for the Pueblo City-County Library District.

Maria E Tucker Signature of parent or guardian 6.23.17 Date

Please answer the following questions :

1. Why do you want to volunteer at the library and what do you hope to gain from this experience? I need something to do during the summer.
2. Please list your hobbies, interests, clubs or other information you would like us to know about you: Art, graphic design, I like helping people
3. How do you use the library? (homework, information, recreational reading, etc.)? Homework, ancestry, and to get books.

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: Alex Kennedy DATE: 6/23/17