

PUEBLO CITY-COUNTY LIBRARY DISTRICT VOLUNTEER APPLICATION

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

.com

Please print clearly and complete all sections. Applicants must be at least 18 years of age.

DATE:
EMAIL: acasgariegmai
Master's Degree PhD Other
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AVAILABILITY: Library hours are M-Th 9 am-9 pm, Fri & Sat 9 am-6 pm and Sun(Rawlings only) 1 pm-5 pm
Please check the days and times you are available to volunteer:
Mon. Tues. Wed. Thurs. Fri. Sat. Sun.
9am-1pm
1pm-5pm 5pm-9pm
How many hours are you interested in volunteering? per week/ per month How long do you wish to volunteer at the library?
nLess than a month not months whore than six months pecial events
Library Location Preference (check all that apply) □Kawlings □Lamb □Barkman □Pueblo West □ Other
□Greenhorn Valley □Giodone ☑ Patrick Lucero □ Homebound
What type of work would you enjoy doing at the library? Clevical - Data Entry Sorting -filing, Shelving
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 patrons.
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: Quita agari DATE: 3-9-2016
LIBRARY OFFICE USE ONLY
DATE APPLICATION RECEIVED: INTERVIEW DATE:
INTERVIEW COMMENTS:
VOLUNTEER ASSIGNMENT: