

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: Beth Russell Date: October 30, 2017
Address: 1745 Bonforte Blvd.
City: Pueblo State: CO Zip: 81001
Phone: 719-334-4267 Email: bethrusse11582@gmail.com
School: Homeschool Age: 15

What position are you applying for? _____

Are you volunteering for school credit? No If so, hours needed _____

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

Rawlings Barkman Lamb White Satellite

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

	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 Sarah Ridgway Phone 719-778-1810

Emergency Information:

IN CASE OF EMERGENCY PLEASE CONTACT: Olivia/Jason Russell

PHONE: 719-334-4267/719-281-7193/719-281-8157 RELATIONSHIP: Mother/Father

If you are under 16, please have a parent sign below:

I Olivia Russell give my teen Elizabeth (Beth) Russell
permission to volunteer for the Pueblo City-County Library District.

Olivia Russell
Signature of parent or guardian

30 Oct. 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'd like to volunteer so that I can learn how the library works.

2. Please list your hobbies, interests, clubs or other information you would like us to know about you:

Hobbies include: reading, writing, and superheroes.

3. How do you use the library? (homework, information, recreational reading, etc.)?

Reading, writing, hanging out...

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: *Beth Russell* DATE: *October 30, 2017*