

TEEN TEAM APPLICATION

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

Please fill out the following: Name: By a March 1 Crele Address: 1034 Alaxander Crele City: Phone: 319-990-8496 Email: POOKic 120904 Qicloud, Com School: Hagton Middle Age: 12 What position are you applying for? Volunter at balliman Libra							
What po	sition are	you apply	ing for?	rolunte	rath	091/1ma	n Libra
Are you volunteering for school credit? No. If so, hours needed No.							
Check the location(s) where you would like to volunteer: RawlingsBarkmanLambWhiteSatellite Please check the days and times you are available to volunteer:							
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
9am-1pm							
1pm-5pm							
5pm-9pm	V			V			
Name Toldy Flores Phone 7/9-4/7-5490 Emergency Information:							
IN CASE OF EMERGENCY PLEASE CONTACT: Johnson (Tidd							
PHONE: 377-779 RELATIONSHIP: Mom							
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permission	n to volunte	er for the P	Pueblo City-	County Lib	rary Distric	rt. -20,6	X) (7
Signature of pa	arent or guardia	n			Date	0,010	

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?

Cause its fun. How to take can

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

I'm Brylce

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

for fun

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:

DATE: __ (()