## PUEBLO CITY-COUNTY LIBRARY Ideas · Imagination · Information

## PUEBLO CITY-COUNTY LIBRARY DISTRICT VOLUNTEER APPLICATION

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

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

and complete an sections. Applicants must be at least 10 years of age.
NAME: COLD MAPIC, Cruz DATE: 9-8-16 ADDRESS: 2410 AMCITY: Puch (STATE: COLO ZIP: 8 1225)
HOME PHONE: 994-4150 WORK PHONE: 557-4000 EMAIL:
EDUCATION:  □ Elementary □ Certificate □ □Master's Degree □ □PhD □ □ Bachelor's Degree □ □Other □ □ Other □
SPECIAL QUALIFICATIONS OR SKILLS:
Very fast in shelving organization
WORK EXPERIENCE:
Last or present position: Employer St Mary Corwin Position Werk City & State Pueblo, College
Previous position:  Employer Diahe Position She Wex City & State Aublo, Co
Name Nany Lewiobusehone 584-3209 Relationship French Name Dorthy Van M. Phone 719-242-614 Relationship French Name Sherri Phone 557-4000 Relationship French
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE:
PHONE: 719-94-4150 RELATIONSHIP: Daushte

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 chec	k the days a	and times yo	u are avail	lable to volu	ınteer:				
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	7	
9am-1pm									
1pm-5pm							X	-	
5pm-9pm						I			
How many hours are you interested in volunteering? per week / per month									
How long do you wish to volunteer at the library?									
□Less than a month □3-6 months More than six months □For special events									
Rawlings		rence (check □Barkma □Giodone		eblo West	□ Other Homeboun	d			
What type of hold had been seen as the hold	of work wou n to ry. away	ild you enjoy help hever	doing at the shape of the shape	the library? LIV I NC J Hhol	book t nec	ds f	s bas Daf4m	sorchy 15 away	
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 t be terminated		my schedule	d date and t	ime of servi	ce without p	rior notificat	ion, my vol	unteer opportunity ma	
I understand t Library Distric		t be paid for 1	ny services	as a volunte	er and I am	giving my tir	ne freely to	the Pueblo City-Count	
I understand t with the Puebl	that by volur lo City-Coun	nteering, I an ty Library Dis	not guara: strict.	nteed any sp	ecial consid	leration for a	any future p	ermanent job position	
APPLICAN	T SIGNAT	URE:	Car	the C	19		DATE:		
LIBRARY OFFICE USE ONLY									
DATE APPLI	CATION RE	CEIVED:			INTER	RVIEW DATE	Ξ:		
INTERVIEW	COMMENT	'S:							
VOLUNTEE	R ASSIGNM	ENT:							