

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: Cidonia Ponce Date: 6.14.17
 Address: 2023 E. 6th St.
 City: Pueblo State: CO Zip: 81001
 Phone: 719-778-1604 Email: cidonaponce2@gmail.com
 School: East High Age: 15

Are you volunteering for school credit? If so, hours needed ~~10~~ 12

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	CP					CP	
1pm-5pm			CP				CP
5pm-9pm							

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

Name Dr. Sanchez Phone 549-2392

Emergency Information:

IN CASE OF EMERGENCY PLEASE CONTACT: Celina Chavez
 PHONE: 719-994-0935 RELATIONSHIP: Mom

Parent signature required below:

I Celina Chavez give my teen Cidonia Ponce
 permission to volunteer for the Pueblo City-County Library District.

Celina Chavez Signature of parent or guardian Date 6-14-17

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 want to volunteer here at the library because I like being involved. Also, I love to look at all the books. I hope to gain communication skills & good reading skills.

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

I am interested in reading / history / I like dealing with kids, & I am a part of the TRIO talent search (college prep)

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

I use the library to come read & ~~research~~ research in a quiet spot / I come to do projects & I use the internet.

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: Cedomia Ponce DATE: 6-14-17