Community Service



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 age.

NAME: Da	man Jam	es Garcia	DATE: 10/18/14
			STATE: <u>CO</u> ZIP: <u>8/008</u>
HOME PHONE: _	wor	RK PHONE: <u>719-6</u>	94-6575 EMAIL:
EDUCATION: □ Elementary □ Middle School □ High School SPECIAL QUALIF	□Associate's Degree _ □Bachelor's Degree _	LLS:A//A	□PhD
NE 1	n: Chemical Deput		City & StateCity & State
REFERENCES: Name Fach Bath Name Daviel Sa	britze Phone	792521965	Relationship
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IN CASE OF EMI	ERGENCY PLEASE	CONTACT:Gin	HIP: alother

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? 24 fold 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
Library Location Preference (check all that apply) □Rawlings □Lamb □Barkman □Pueblo West □ Other
□Greenhorn Valley □Giodone □ Patrick Lucero □ Homebound
What type of work would you enjoy doing at the library?
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.
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