

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: Danna Garcia Date: June 5, 2017
 Address: 2102 Oneal Cir.
 City: Pueblo State: CO Zip: 81004
 Phone: X Email: garciaadanna24@gmail.com
 School: South High School Age: 15

Are you volunteering for school credit? yes If so, hours needed 20

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							
1pm-5pm	✓	✓	✓	✓	✓	✓	✓
5pm-9pm							

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

Name Carmen Phone (719) 569-7062

Emergency Information:

IN CASE OF EMERGENCY PLEASE CONTACT: Abril Torres
 PHONE: (714) 673-0586 RELATIONSHIP: step mother

Parent signature required below:

I Abril Torres give my teen Danna Garcia
 permission to volunteer for the Pueblo City-County Library District.

Signature of parent or guardian [Signature] Date 6/13/2017

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 gain experience so I don't have to be so stressed when I get my first job someday.

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

I like to read.

I can also speak fluent English and Spanish.

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

I use the library for homework and reading.

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: Danna Garcia DATE: 06/05/2017