

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: David Murray Date: 8-19-18
 Address: 1034 W. Gallinas Dr.
 City: Pueblo West State: CO Zip: 81007
 Phone: 719-432-8784 Email: david.murray0204@gmail.com
 School: Pueblo West High School Age: 14

Are you volunteering for school credit? No If so, hours needed

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						X	X
1pm-5pm					X		
5pm-9pm	X	X	X	X			

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

Name George Hammersmith Phone 719-547-1175

Emergency Information:

IN CASE OF EMERGENCY PLEASE CONTACT: ~~719-964-3893~~ David Murray
 PHONE: 719-964-3893 RELATIONSHIP: Father

Parent signature required below:

I David Murray give my teen David Murray
 permission to volunteer for the Pueblo City-County Library District.

[Signature] Signature of parent or guardian 8-19-18 Date

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 at the library to help out, and because I think it'll be fun.

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

I enjoy reading, acting, and wrestling. I hope to join the rifle team soon, and I'm in the process of learning Spanish.

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

I use the library mainly for recreational 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.

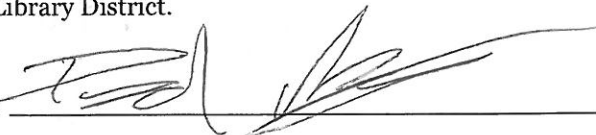
I understand that the Pueblo City-County Library District reserves the right to screen volunteers and will not accept as a volunteer anyone who would jeopardize any aspect of library service or safety of library staff and customers.

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:



DATE:

8-19-18