



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: Deborah R. Buciak DATE: 8-4-2017

ADDRESS: 557 S. Falcon Dr. CITY: Pueblo West STATE: CO ZIP: 81007

HOW LONG AT ADDRESS _____

LIST PREVIOUS ADDRESS(ES) IF NOT LONGER THAN 7 YEARS

1160 College St. N.
Poultney, VT 05764

HOME PHONE: 719-924-8251 WORK PHONE: / EMAIL: deb.buciak@gmail.com

EDUCATION:

- Elementary
- Middle School
- High School
- Certificate
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- PhD
- Other 2 year college

SPECIAL QUALIFICATIONS OR SKILLS: mom

WORK EXPERIENCE:

Last or present position:

Employer Young At Heart Position Director of Green Mountain Senior Center outreach Program City & State Poultney, VT 05764

Previous position:

Employer _____ Position _____ City & State _____

REFERENCES:

Name Kathy Hutson Phone 802-287-9200 Relationship Boss / Friend

Name Ron Smuskiewicz Phone 708-602-3308 Relationship Friend

Name Penny Ficeschl Phone 802-287-2035 Relationship Pres. of Poultney Art Guild / Friend

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE: no

If yes please explain _____

IN CASE OF EMERGENCY PLEASE CONTACT: Bob Buciak
PHONE: 719-924-8251 RELATIONSHIP: husband

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? ? 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? _____

Delivering material to Homebound patrons.

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 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: Deborah R. Buciak **DATE:** _____

LIBRARY OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____ INTERVIEW DATE: _____

INTERVIEW COMMENTS: _____

VOLUNTEER ASSIGNMENT: _____