

TEEN TEAM APPLICATION

Please return to: Volunteer Coordinator,
 100 E. Abriendo Ave., Pueblo, CO. 81004-4232

Please fill out the following:

Name: Dwayne M. Herrera Date: 6-17-19
 Address: 1126 Crystal Pl.
 City: Pueblo State: Co. Zip: 81004
 Phone: (719) 994-4554 Email: _____
 School: Central High
 Age: 16 Minimum age requirement is 12 years old.

Are you volunteering for school credit? No If so, hours needed _____
Community Service - 52 hours by 6/28/19

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 Tamara Garcia Phone (719) 778-6111

Emergency Information:

IN CASE OF EMERGENCY PLEASE CONTACT: Rose M. Herrera
 PHONE: (719) 994-4554 RELATIONSHIP: Grandmother

Parent signature required below:

I Rose M. Herrera give my teen Dwayne M. Herrera permission to volunteer for the Pueblo City-County Library District.

R.M.H. (Initial) I understand that if my child is under the age of 13 that he/she will be required to arrive with a parent or guardian to act as a chaperone and/or guide when volunteering.

Rose M. Herrera
 Signature of parent or guardian

6-17-19
 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?

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

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

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: Duayne M. Herrera DATE: 6/17/14