

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: Alex Elva Valdez Date: 05-16-18
 Address: 3506 Lancaster Drive
 City: Pueblo State: CO Zip: 81005
 Phone: (719)-778-1582 Email: stormyfrank@yahoo.com
 School: Heroes K-8 Academy Age: 13

Are you volunteering for school credit? NO If so, hours needed 0

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							
5pm-9pm							

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

Name Nancy Shultz Phone (719)-821-2756

Emergency Information:

IN CASE OF EMERGENCY PLEASE CONTACT: Stormy Frank
 PHONE: (719)-778-1582 RELATIONSHIP: Grandma

Parent signature required below:

I Stormy Frank give my teen Elva Valdez
 permission to volunteer for the Pueblo City-County Library District.

Stormy Frank Signature of parent or guardian 5/18/18 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?

To learn how to be more mature and to be helping instead of watching a screen all day. I hope that it will help with my college application to UCLA.

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

Well I did cheer for a year and I like to read or play basketball, I also like to watch kids and to just mess around with my brothers or pets.

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

I go there to read or to get movies I can watch with my family or to just hang out with friends and family.

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: Elexa Valdez DATE: 05-0-18