



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: Elisa Truelove DATE: 9/29/16
ADDRESS: 6787 Greenhorn Mtn Dr CITY: Beulah STATE: CO ZIP: 81023
HOME PHONE: 719-485-6787 WORK PHONE: 719-406-5126 EMAIL: _____

EDUCATION:

Elementary Certificate _____ Master's Degree _____
 Middle School Associate's Degree _____ PhD _____
 High School Bachelor's Degree _____ Other LPN

SPECIAL QUALIFICATIONS OR SKILLS: Bilingual, CPR certified, LPN

WORK EXPERIENCE:

Last or present position:
Employer Interim Healthcare Position Field Nurse City & State Pueblo, CO
Previous position:
Employer _____ Position _____ City & State _____

REFERENCES:

Name Tracy Culwell Phone 719-545-1184 Relationship Boss
Name Eva Romero Phone 719-565-7591 Relationship Sister
Name Victoria Romero Phone 719-242-4100 Relationship Sister

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE: No
If yes please explain _____

IN CASE OF EMERGENCY PLEASE CONTACT: Max Madrid
PHONE: 719-320-1923 RELATIONSHIP: Fiance

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		(2-4)		(2-4)			
5pm-9pm							

How many hours are you interested in volunteering? 2 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? Filing, cleaning (anything is fine)

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: [Signature] **DATE:** 9/29/16

LIBRARY OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____ INTERVIEW DATE: _____

INTERVIEW COMMENTS: _____

VOLUNTEER ASSIGNMENT: _____