

**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: Elyssa Inskoop Date: 9/20/16
 Address: 2801 Cascade Avenue
 City: Pueblo State: CO Zip: 81003
 Phone: 719-364-2061 Email: _____
 School: Centennial High School Age: 15

Are you volunteering for school credit? Yes If so, hours needed 80

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	X	X	X	X	X	X
5pm-9pm							

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

Name Josh Muller Phone 719-423-3851

Emergency Information:

IN CASE OF EMERGENCY PLEASE CONTACT: Laura Inskoop
 PHONE: 720-271-7415 RELATIONSHIP: Mother

Parent signature required below:

I Laura Inskoop give my teen Elyssa Inskoop
 permission to volunteer for the Pueblo City-County Library District.

Laura Inskoop
 Signature of parent or guardian

9/20/16
 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?

Because it seems to be very educational & helpful towards people.

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

I love to read & write, I play an instrument at my high school.

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

I use it for information and homework.

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:

Elyssa Cluspage

DATE:

9/29/16