

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: Emilee Williams Date: 5/8/19
 Address: 1302 E Ash
 City: Pueblo State: CO Zip: 81001
 Phone: 719 766 0168 Email: _____
 School: Paragon Learning Center
 Age: 10 Minimum age requirement is 12 years old.

24 hrs. end of month.

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

Check the location(s) where you would like to volunteer:

Rawlings Barkman Lamb Pueblo West Giodone
 Patrick Lucero Greenhorn Valley

Mainly afternoons
 at 3:45 - ?
 Available on
 Mon, Wed, Fri, Sat.

Please check the days and times you are available to volunteer:

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
9am-1pm							
1pm-5pm	X		X		X	X	
5pm-9pm							

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

Name Dee Dee Gurule Phone 719 334-8438

Emergency Information:

IN CASE OF EMERGENCY PLEASE CONTACT: Mary Sowers
 PHONE: 719 766 0168 RELATIONSHIP: Grandmother

Parent signature required below:

I Mary Sowers give my teen Emilee Williams permission to volunteer for the Pueblo City-County Library District.

MS (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.

Mary Sowers _____ Date 5/8/19
 Signature of parent or guardian

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 complete my community service hour*
2. Please list your hobbies, interests, clubs or other information you would like us to know about you: *Singing, reading, dancing*
3. How do you use the library? (homework, information, recreational reading, etc.)? *homework, recreational reading*

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: *Emilee Williams* DATE: *5/8/19*