



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: Gerald J Rivera DATE: 06-29-2017

ADDRESS: 423 W Glendale Ave CITY: Pueblo STATE: CO ZIP: 81001

HOW LONG AT ADDRESS 2 yrs
LIST PREVIOUS ADDRESS(ES) IF NOT LONGER THAN 7 YEARS
1021 E 8th St - 2622 E 9th St

HOME PHONE: 719-994-6086 WORK PHONE: _____ EMAIL: _____

EDUCATION:
 Elementary Certificate Master's Degree
 Middle School Associate's Degree PhD
 High School Bachelor's Degree Other

SPECIAL QUALIFICATIONS OR SKILLS: Computer Technology
Handy man services

WORK EXPERIENCE:
Last or present position:
Employer Disable Position _____ City & State _____
Previous position:
Employer _____ Position _____ City & State _____

REFERENCES:
Name Michelle Sabel Phone 719-744-8764 Relationship wife
Name Bonnie River Phone 336-336-7573 Relationship Mother
Name _____ Phone _____ Relationship _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE: _____
If yes please explain N/A

IN CASE OF EMERGENCY PLEASE CONTACT: Michelle Sabel
PHONE: 719-744-8764 RELATIONSHIP: wife

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	X	X	X	X	X	X	X
5pm-9pm	X	X	X	X	X	X	X

How many hours are you interested in volunteering? 40 per week / per month

6 Hrs A Day

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? activities - with kid, Clean up, shelving

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:

Melinda Lovelace

DATE:

6-29-17

LIBRARY OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____ INTERVIEW DATE: _____

INTERVIEW COMMENTS: _____

VOLUNTEER ASSIGNMENT: _____