

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: Henry Gonzales Date: 8-31-17
Address: 613 West Elerenth
City: Pueblo State: CO Zip: 81003
Phone: 719-~~299-5899~~⁵⁵³⁻⁹²¹³ Email: _____
School: Cent Age: 16

Are you volunteering for school credit? If so, hours needed 24

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							
1pm-5pm					X	X	X
5pm-9pm	X	X	X	X		X	X

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

Name Mitzie Martinez Phone 719-423-3841
~~719-299-5899~~

Emergency Information:

IN CASE OF EMERGENCY PLEASE CONTACT: Adam Gonzales
PHONE: 719-299-5899 RELATIONSHIP: Dad

Parent signature required below:

I Trio Gonzales give my teen Henry Gonzales
permission to volunteer for the Pueblo City-County Library District.

Trio C. Gonzales
Signature of parent or guardian

08-31-17
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? *I would like to gain job experience to see what it is like in a working environment.*
2. Please list your hobbies, interests, clubs or other information you would like us to know about you: *Sports Swimming weight lifting Fishing*
3. How do you use the library? (homework, information, recreational reading, etc.)? *I use the library for homework and DVD rentals*

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: Henry Gonzalez DATE: 8-30-17