

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: Isabella Bermudez-Rael Date: 4-4-18
 Address: 1625 Horse Shoe dr
 City: Pueblo State: CO Zip: 81001
 Phone: 719-415-0055 Email: Iszzy.Bermudez2017@gmail.com
 School: East High School Age: 15

What position are you applying for? _____

Are you volunteering for school credit? yes If so, hours needed 20

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

Rawlings Barkman Lamb White Satellite

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	x	x	x	x	x	x	x

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

Name Joe Terry Phone (719) 680-0519

Emergency Information:

IN CASE OF EMERGENCY PLEASE CONTACT: Venesa
 PHONE: 719-250-6690 RELATIONSHIP: Mother

If you are under 16, please have a parent sign below:

I Venesa Bermudez give my teen Isabella Bermudez-Rael permission to volunteer for the Pueblo City-County Library District.

V Bermudez
 Signature of parent or guardian

4/12/18
 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? *To get my community service hours for school, and I hope to learn how to organize things*
2. Please list your hobbies, interests, clubs or other information you would like us to know about you: *teaching, Drawing, sleeping, eating*
3. How do you use the library? (homework, information, recreational reading, etc.)? *Home work*

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: Isabella Bermudez DATE: 4-4-18