

TEEN TEAM APPLICATION

Please return to: Volunteer Coordinator, 100 E. Abriendo Ave., Pueblo, CO. 81004-

4232

Address:	1171 A	ster Dr	ive	(+-	out the fo	ate:/	36 Feb. 118-128	
City: Pueblo State: CO Zip: 81008								
Phone: 79-299-8875 Email: isastema@gmajl.com								
City: Pueblo State: CO Zip: 81008 Phone: 79-29-8875 Email: isastewa@gmail.com School: Swallows Chartess Academy Age: 16								
Are you volunteering for school credit? <u>yes</u> If so, hours needed <u>y</u>								
Check the location(s) where you would like to volunteer:								
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	
9am-1pm						X	· V	
1pm-5pm						X	X	
5pm-9pm	X	X	X	X	χ	X	X	
List one adult not related to you, whom we can contact for a reference. Name Jana Burns Phone 719-248-2806								
Emergency Information:								
IN CASE OF EMERGENCY PLEASE CONTACT: Annette Powers								
PHONE: 719-299-8875 RELATIONSHIP: Parent								
Parent signature required below:								
ermission to volunteer for the Pueblo City-County Library District.								

anolt	Perven	2-1-16				
Signature of parent or guardian		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 want to volunteer at t	he library because I				
have a passion	. for reading and would	like to know how the				
	I hope to gain work habit					
2. Please list your he	obbies, interests, clubs or other in	formation you would like us to				
know about you:	One of my interst is re	ading so the liberaries				
old help in the	it area by surplying loads	of books. I also have a				

passion for writing.

3. How do you use the library? (homework, information, recreational reading, etc.)? I use the library for recreational reading, movies, and Occa signally 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 CityCounty 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 Danielle Stewart DATE: 2///16