

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 Taylor Date: 12/20/17
Address: 3301 Baltimore Ave
City: Pueblo State: CO Zip: 81008
Phone: 719-320-1871 Email: Bella Taylor 674@gmail.com
School: Centennial high school Age: 14

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 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				
5pm-9pm							

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

Name Melissa Maes Johnson Phone 719-549-7818

Emergency Information:

IN CASE OF EMERGENCY PLEASE CONTACT: Lisa Taylor
PHONE: 719-320-1871 RELATIONSHIP: Mother

Parent signature required below:

I Lisa Taylor give my teen Isabella Taylor
permission to volunteer for the Pueblo City-County Library District.

Lisa Taylor
Signature of parent or guardian

12/20/17
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?

Volunteer hours for school
and gap work experience

2. Please list your hobbies, interests, clubs or other information you would like us to know about you:

Reading writing, drawing, good
work ethic

3. How do you use the library? (homework, information, recreational reading, etc.)?

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: _____

A. Salgado Taylor

DATE: _____

12-20-17