

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: Jeovanni Montes De Oca Date: 3-8-16
 Address: 63 east Parkridge dr.
 City: Pueblo West State: CO Zip: 81002
 Phone: (719) 406-3014 Email: jeomontes201@icloud.com
 School: Prairie Winds Elm Age: 10

Are you volunteering for school credit? NO If so, hours needed _____

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							
5pm-9pm		✓	✓	✓			

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

Name: Jade Skell Phone: (719) 821-9421
Maggie Reyes 719 334-6411

Emergency Information:

IN CASE OF EMERGENCY PLEASE CONTACT: Nora Montes De Oca
 PHONE: (719) 2144457 RELATIONSHIP: Mother

Parent signature required below:

I [Signature] give my teen Jeovanni Montes De Oca
 permission to volunteer for the Pueblo City-County Library District.

[Signature] - Nora Montes De Oca 3-08-16
 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?

To learn responsible

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

Anime

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

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 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: Geo Montes DATE: 03/18/16