



PUEBLO CITY-COUNTY LIBRARY DISTRICT VOLUNTEER APPLICATION

Please return to: Volunteer Coordinator,
100 E. Abriendo Ave., Pueblo, CO. 81004-4232

Please print clearly and complete all sections. Applicants must be at least 18 years of age.

NAME: Julie P Fife DATE: 9/6/17

ADDRESS: 205 N Putnam Ave CITY: Pueblo STATE: CO ZIP: 81005

HOW LONG AT ADDRESS 2.5 years

LIST PREVIOUS ADDRESS(ES) IF NOT LONGER THAN 7 YEARS

4551 Starboard Drive, Souldn, CO 80301

HOME PHONE: 303-918-9508 WORK PHONE: _____ EMAIL: juliepfife@yahoo.com

EDUCATION:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Elementary | <input type="checkbox"/> Certificate | <input type="checkbox"/> Master's Degree |
| <input checked="" type="checkbox"/> Middle School | <input checked="" type="checkbox"/> Associate's Degree | <input type="checkbox"/> PhD |
| <input checked="" type="checkbox"/> High School | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Other |

SPECIAL QUALIFICATIONS OR SKILLS: _____

WORK EXPERIENCE:

Last or present position:

Employer: Life Care Ctr of Pueblo Position: Physical Therapist Assistant City & State: Pueblo, CO

Previous position:

Employer: Life Care Ctr of Longmont Position: PTA City & State: Longmont, CO

REFERENCES:

Name: Jacquie Huffaker Phone: 719-564-9555 Relationship: friend

Name: Beth Bryant Phone: 719-564-5992 Relationship: friend

Name: Judy Lee Phone: 719-369-4742 Relationship: friend

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE: No

If yes please explain _____

IN CASE OF EMERGENCY PLEASE CONTACT: Robert Fife
PHONE: 303-918-1407 RELATIONSHIP: Spouse

AVAILABILITY: Library hours are M-Th 9 am-9 pm, Fri & Sat 9 am-6 pm and Sun(Rawlings only) 1 pm-5 pm

Please check the days and times you are available to volunteer:

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
9am-1pm			X				
1pm-5pm							
5pm-9pm							

maybe flexible

How many hours are you interested in volunteering? 2 per week / per month
flexible

How long do you wish to volunteer at the library?

- Less than a month 3-6 months More than six months For special events

Library Location Preference (check all that apply)

- Rawlings Lamb Barkman Pueblo West Other _____
 Greenhorn Valley Giodone Patrick Lucero Homebound

What type of work would you enjoy doing at the library? ESL, Literacy

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 patrons.

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: Julie [Signature] **DATE:** 9/16/17

LIBRARY OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____ INTERVIEW DATE: _____

INTERVIEW COMMENTS: _____

VOLUNTEER ASSIGNMENT: _____