

**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 16 years of age.

NAME: Kathleen E. Savarin DATE: 3-29-18

ADDRESS: 2137 Chautard Dr. CITY: Pueblo STATE: CO ZIP: 81005

HOME PHONE: ³⁰³⁻915-3088 WORK PHONE: N/A EMAIL: Ksavarin1955@icloud.com

EDUCATION:

- Elementary Certificate Master's Degree
 Middle School Associate's Degree PhD
 High School Bachelor's Degree Voc. Home Ec Ed-Food Other
B.S. sci.

SPECIAL QUALIFICATIONS OR SKILLS:

Love to Read; Dependable; Sharing Knowledge

WORK EXPERIENCE:

Last or present position:

Employer UNFI Position Asst. Buyer City & State Aurora, Co.

Previous position:

Employer DAWN Food Products Position Acct. Ex. City & State Denver, Co.
For Panera

REFERENCES:

Name Karen Hatfield Phone 970-398-1951 Relationship Friend

Name Mike McCarthy Phone 720-280-1937 Relationship Brother

Name Melodee Nelson Phone 303-788-9018 Relationship Ex Boss
303-755-9101

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE: No

If yes please explain _____

IN CASE OF EMERGENCY PLEASE CONTACT: Bernie Schmidt

PHONE: 303-885-8715 RELATIONSHIP: Sister

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	✓	✓		✓	✓	✓	
1pm-5pm		✓		✓			✓
5pm-9pm	✓	✓		✓	✓	✓	

How many hours are you interested in volunteering? 4 per week / per month

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 Homebound Satellite _____

What type of work would you enjoy doing at the library? _____

Would like to be involved in Reading Programs - Special Event help

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: Kathleen E. Savani DATE: 3-29-18

LIBRARY OFFICE USE ONLY	
DATE APPLICATION RECEIVED: _____	INTERVIEW DATE: _____
INTERVIEW COMMENTS: _____	
VOLUNTEER ASSIGNMENT: _____	