

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: Kayla Carter Date: 2/23/16
 Address: 1724 Cypress St.
 City: Pueblo State: CO Zip: 81004
 Phone: 719-568-4370 Email: Kayla20039@yahoo.com
 School: SkyView Middle School Age: 14

Are you volunteering for school credit? _____ 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					X	X	
5pm-9pm							

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

Name MaryAnn Massey Phone 719 561-3704

Emergency Information:

IN CASE OF EMERGENCY PLEASE CONTACT: Candi Carter
 PHONE: 719-543-5184 RELATIONSHIP: Mother

Parent signature required below:

I Candi Carter give my teen Kayla Carter
 permission to volunteer for the Pueblo City-County Library District.

Candi Carter
 Signature of parent or guardian

2-23-16
 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 the library because I love to read and it's a good opportunity to help others.*
2. Please list your hobbies, interests, clubs or other information you would like us to know about you: *My hobbies: I love to read and roller skate.*
3. How do you use the library? (homework, information, recreational reading, etc.)? *Recreational reading, sometimes information, and I love reading the books before I watch the movie.*

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: *Kayla Carter* DATE: *2/23/16*