

TEEN TEAM APPLICATION

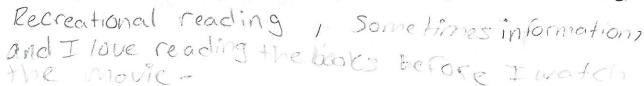
Please return to: Volunteer Coordinator, 100 E. Abriendo Ave., Pueblo, CO. 81004-4232

Please fill out the following:							
Name: Kayla Carter Address: 1224 Cypress St.					Da	te: <u>212</u>	31/6
Address:	1724 C	upress	St.				
City: Dieblo State: CO Zip: 81004							
Phone: 719568-4370 Email: Hayla 700396) Gahan & Com							
School: Sky View middle School					Age:		
Are you volunteering for school credit? If so, hours needed							
Check the location(s) where you would like to volunteer:							
Patrick Lucero Greenhorn Valley							
Tutrick EdecioGreenhorn vancy							
Please check the days and times you are available to volunteer:							
1 Icase Ci	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Cum
9am-1pm	2,2011	1405.	7700.	muis.	111.	Sat.	Sun.
1pm-5pm					- A STATE OF THE S		
5pm-9pm							A article and the second
List one adult <u>not</u> related to you, whom we can contact for a reference. Name Phone Phone Phone Phone Phone Phone Phone							
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.							
(anh (anh) 2-23-16							
Signature of pa	arent or guardia	n			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 its 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 coller skate.

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



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: hayla Cattle DATE: 210316