

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 SPROUS Date: 2/22/17
 Address: 2111 ~~at~~ Oak wood lane
 City: Pueblo State: US Zip: 18005
 Phone: 565-7432 Email: _____
 School: Pueblo School for arts and sciences Age: 13

Are you volunteering for school credit? yes If so, hours needed 20

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						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5pm-9pm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

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

Name SKIP SPROUS Phone 719-406-8370

Emergency Information:

IN CASE OF EMERGENCY PLEASE CONTACT: SKIP SPROUS / KARINA RIGIROZZI
 PHONE: 406-8370 / 406-3270 RELATIONSHIP: Father / Mother

Parent signature required below:

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

Lester Sprous
 Signature of parent or guardian

2/22/17
 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 need to volunteer for school. This experience will help me and I can gain experience for ~~later~~ jobs later in life.

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

I have an after school theater class and I am an artist.

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

I check out books and use the printer.

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 Sprous DATE: 2/22/17