



TEEN TEAM APPLICATION

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

Please fill out the following:

Name: Kayleigh Gillespie Date: 6-18-16
 Address: 621 Pear Street
 City: Pueblo State: CO Zip: 81006
 Phone: 719-261-0218 Email: KayleighGillespie9@gmail.com
 School: South High School Age: 14

Are you volunteering for school credit? 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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1pm-5pm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<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 _____ Phone _____

Emergency Information:

IN CASE OF EMERGENCY PLEASE CONTACT: Joe Gillespie
 PHONE: 719-261-6868 RELATIONSHIP: Grandpa

Parent signature required below:

I Chris Gillespie give my teen Kayleigh Gillespie permission to volunteer for the Pueblo City-County Library District.

Signature of parent or guardian _____ Date 6-20-16

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? *for school hours and it will look good when I go to apply for jobs.*
2. Please list your hobbies, interests, clubs or other information you would like us to know about you: *writing my own music, Helping children, long walks,*
3. How do you use the library? (homework, information, recreational reading, etc.)? *Homework or to read sometimes*

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: *Kayleigh Gillespie* DATE: *6/18/10*