

# TEEN TEAM APPLICATION

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

**Please fill out the following:**

Name: Kaylyn Mroz Date: 7-6-21  
 Address: 1147 25th Ln  
 City: Pueblo State: CO Zip: 81006  
 Phone: (303)453-9431 Email: kmmroz941@gmail.com  
 School: Pueblo County High School  
 Age: 15 Minimum age requirement is 12 years old.

Are you volunteering for school credit? No 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	<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 Scott Davignon Phone 3035508305

**Emergency Information:**

IN CASE OF EMERGENCY PLEASE CONTACT: Scott Davignon  
 PHONE: 363 550 8305 RELATIONSHIP: Uncle

**Parent signature required below:**

I Scott Davignon give my teen Kaylyn Mroz permission to volunteer for the Pueblo City-County Library District.

SD (Initial) I understand that if my child is under the age of 13 that he/she will be required to arrive with a parent or guardian to act as a chaperone and/or guide when volunteering.

Signature of parent or guardian: [Signature] Date: 7-6-21

**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 to gain ~~experience~~  
work experience and to learn more skills.

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

Reading and writing

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

You can use the library for studying, researching, and just plain old reading interesting books.

**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: Haylyn Mroz DATE: 7-6-21

## Pueblo City-County Library District Volunteer Agreement

### As a volunteer, I agree to uphold the following rules:

- Fulfill the duties outlined in my assignment in a professional manner, not taking on the duties of staff.
- Notifying my department as soon as possible when I am sick or unable to make a volunteer shift.
- Complying with established Library District rules, procedures and practices, dress code and behaving in an appropriate, businesslike manner in the library at all times.
- Taking pride in the role of being a PCCLD Volunteer by serving the community in a friendly and respectful manner.
- Contributing to a mutually cooperative working relationship with staff and other volunteers.

### CONFIDENTIALITY AGREEMENT

Due to recent events and the passage of various pieces of legislation, it is important that all volunteers understand the legal basis for the confidentiality of customer records.

The Colorado Revised Statutes, section 24-90-119, states:

A publicly supported library shall not disclose any record or other information which identifies a person as having requested or obtained specific materials or service or as otherwise having used the library.

**All volunteers are advised not to discuss or provide any information about library customers to anyone other than library staff & the customers themselves. If you are asked to do so, please inform a library manager.**

Volunteer: Kaylyn Moz Date: 7-9-21

PCCLD Volunteer Coordinator: Kayci Banta Date: 7/9/21