

TEEN TEAM APPLICATION

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

Please fi	ill out the f	following						
Name: Kristing Palicies					Date: 8-6-18			
Auuress.	1111 1177	. /						
City: Problem Phone: (*/19) 821-3898 Email: Kastura & School: South Walls along					State: (1) Zin: 81004			
Phone:	119-821-8	298 Em	ail: Karstir	m. Vales	m 107 (0) (1)	man linear		
School:	Swith W	MASALA	m J.J	a coer irr it is	3	Age: \[o	- See	
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Are you	volunteeri	ing for scl	nool credi	t?	If so, ho	urs neede	ed	
Check th	e location	(s) where	you woul	d like to v	olunteer:			
RawlingsBarkmanLambPue						Giod	lone	
	ck Lucero							
			,					
Please cl	heck the da	avs and ti	mes vou a	re availal	ole to volui	iteer:		
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	
9am-1pm					/		7	
1pm-5pm			, , , , , , , , , , , , , , , , , , , ,		V	V	V	
5pm-9pm	\checkmark		V	1	1 June	V		
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IN CASE	OF EMERC	SENCY PLE	EASE CON I	ACI:	11/2 Gal	18903		
PHONE:	691821	3044	REL	ATIONSH	IP: Moth	R		
Parent si	ignature r	equired b	elow:					
	e Gallec	205	give r	ny teen 📙	Cystuar	20 RONE	invec	
permission	n to volunte	er for the P	ueblo City-	County Lib	rary District	t .		
M	olo & d	J-1)			8/6/	18		
Signature of na	arent or guardia	1		,	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 for volunteer hours, work experience, and satisfy my community service hours for school.

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

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

I use the library for homework and recreational reading.

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: Restation Hospital Date: 8-6-16