

**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: Ariana Lorena Zephebre Date: 6-9-17  
 Address: 2526 east 9th Street Pueblo CO  
 City: Pueblo CO State: US Zip: 81001  
 Phone: 543-6510 Email: 114543@d60student.org  
 School: EAST High School Age: 15

Are you volunteering for school credit? Yes If so, hours needed 1

**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					10:00		
1pm-5pm						10:00	
5pm-9pm							

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

Name Opelia Zephebre Phone 543-6510

**Emergency Information:**

IN CASE OF EMERGENCY PLEASE CONTACT: ~~719-77~~ Opelia Z  
 PHONE: 543-6510 RELATIONSHIP: close

**Parent signature required below:**

I Opelia Zephebre give my teen Larissa Yagubone  
 permission to volunteer for the Pueblo City-County Library District.

Opelia Zephebre 6-9-17  
 Signature of parent or guardian 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 because I love the library and I hope to gain knowledge.

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

- Choir
- Volleyball
- Colorguard
- Tennis
- family
- movies
- Church

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: Larissa Lepelone DATE: 6-9-17