

PUEBLO CITY-COUNTY LIBRARY DISTRICT
VOLUNTEER APPLICATION

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

Please print clearly and complete all sections. Applicants must be at least 18 years of age.

NAME: Mary J Snyder DATE: 7-25-16

ADDRESS: 1185 Hole Cir. CITY: Colo/Sps STATE: Co ZIP: 80915

HOME PHONE: 719-232-9297 WORK PHONE: _____ EMAIL: foxbat3040@juno.com

EDUCATION:

Elementary Certificate _____ Master's Degree _____
 Middle School Associate's Degree _____ PhD _____
 High School Bachelor's Degree will complete 5-17 Other _____

SPECIAL QUALIFICATIONS OR SKILLS: _____

WORK EXPERIENCE:

Last or present position:

Employer Complete Home Health Care Position CNA City & State Colo/Sps, Co

Previous position:

Employer _____ Position _____ City & State _____

REFERENCES:

Name Anita Montoya Phone 719-434-1844 Relationship Client

Name Corra Sarnz Phone 719-355-4470 Relationship Client

Name _____ Phone _____ Relationship _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE: NO

If yes please explain _____

IN CASE OF EMERGENCY PLEASE CONTACT: Mary Ellen Snyder

PHONE: 719-232-9306 RELATIONSHIP: Family

AVAILABILITY: Library hours are M-Th 9 am-9 pm, Fri & Sat 9 am-6 pm and Sun(Rawlings only) 1 pm-5 pm

Please check the days and times you are available to volunteer:

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
9am-1pm		X		X	X		
1pm-5pm	X		X	X	X	X	X
5pm-9pm	X	X	X	X	X	X	X

How many hours are you interested in volunteering? _____ per week / per month

How long do you wish to volunteer at the library?

Less than a month 3-6 months More than six months For special events

Library Location Preference (check all that apply)

Rawlings Lamb Barkman Pueblo West Other _____

Greenhorn Valley Giodone Patrick Lucero Homebound

What type of work would you enjoy doing at the library? Customer Services and anything that will help me with achieving a goal of a MLS.

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 patrons.

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: Mary Snyder DATE: 7-25-16

LIBRARY OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____ INTERVIEW DATE: _____

INTERVIEW COMMENTS: _____

VOLUNTEER ASSIGNMENT: _____