

**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: Mercedes Urrutia Date: 12/19  
 Address: 1421 Cypress St  
 City: Pueblo State: CO Zip: 81004  
 Phone: 7194158299 Email: Mercedesjayde29@gmail.com  
 School: Centennial HS Age: 15

Are you volunteering for school credit? yes 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							
1pm-5pm			X				
5pm-9pm							

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

Name Melisa Maes-Johnson Phone 7195497812

**Emergency Information:**

IN CASE OF EMERGENCY PLEASE CONTACT: Art Urrutia  
 PHONE: 7192142281 RELATIONSHIP: Father

**Parent signature required below:**

I Ken Espinoza give my teen Mercedes <sup>Granddaughter</sup>  
 permission to volunteer for the Pueblo City-County Library District.

Signature of parent or guardian [Signature] Date 12-20-17

**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 because I would like to give some of my extra time to the community. I hope to gain a new friend love for the library.

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

I am in Spanish and Art club at Centennial High School. I like to read and draw.

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

I use the library to check out books for school, and for a computer when I don't have access to one at home.

**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.

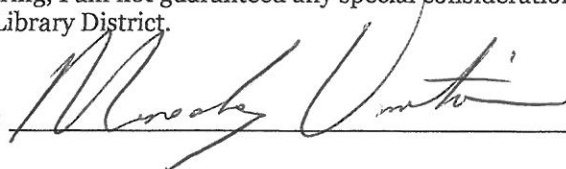
I understand that the Pueblo City-County Library District reserves the right to screen volunteers and will not accept as a volunteer anyone who would jeopardize any aspect of library service or safety of library staff and customers.

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:



DATE:

12/19