

TEEN TEAM APPLICATION

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

Please fill out the following:							
Name: Mirlan Wolfe (76) Date: 3-29-16							
Address:_	1915 7	world	SI				
City: Due has State: (To Zin: \$1(r))							
Phone: 49-534-969 Email:							
School: Age: \(\)							
Are you volunteering for school credit? If so, hours needed							
Check the location(s) where you would like to volunteer:							
RawlingsBarkmanLambPueblo WestGiodone							
Patrick Lucero Greenhorn Valley							
	_		om vancy				
Please check the days and times you are available to volunteer:							
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
9am-1pm						1	1
1pm-5pm							
5pm-9pm							
List one adult not related to you, whom we can contact for a reference.							
Name Ali Martinez Phone 79-290						-290-	1982
Emergency Information:							
IN CASE OF EMERGENCY PLEASE CONTACT: Hannah Materia							
PHONE: 719-334-9699 RELATIONSHIP: Sister/Covardian							
Parent signature required below:							
I Hannah Waterko give my teen Minam Waterko							
permission to volunteer for the Pueblo City-County Library District.							
Hannah Markerlas 3-27-16							
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 for community service, I hope to gain skills.

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

Socces and track.

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

homework, information, 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: Miright Wojters DATE: 3/29