



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 16 years of age.

NAME: Nicole Clark DATE: 07-25-16

ADDRESS: 6963 Prairie Hills Road CITY: Boone STATE: CO ZIP: 81025

HOME PHONE: (719) 263-5493 WORK PHONE: _____ EMAIL: _____

EDUCATION:

- Elementary Certificate _____ Master's Degree _____
- Middle School Associate's Degree _____ PhD _____
- High School Bachelor's Degree _____ Other Some college

SPECIAL QUALIFICATIONS OR SKILLS:

Some artistic skill

WORK EXPERIENCE:

Last or present position:

Employer Melvin Clark Position Barnd hand City & State Boone CO

Previous position:

Employer _____ Position _____ City & State _____

PERSONAL REFERENCE:

Name Shirley Russell Phone (719) 263-5435 Relationship neighbor

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE: No

If yes please explain _____

IN CASE OF EMERGENCY PLEASE CONTACT: Diveta Clark
PHONE: (719) 263-5493 RELATIONSHIP: Mother

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							
1pm-5pm		X		X			
5pm-9pm		X		X			

How many hours are you interested in volunteering? 4 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
- Homebound
- Satellite Giodone

What type of work would you enjoy doing at the library? reorganiz, help with projects,
long as I am capable of doing the work in my wheelchair.

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: *Nicol Clark* DATE: 07-25-16

LIBRARY OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____ INTERVIEW DATE: _____

INTERVIEW COMMENTS: _____

VOLUNTEER ASSIGNMENT: _____