

TEEN TEAM APPLICATION

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

Please fill out the following:

Name: O'Shia Uta Raczykowski Date: 03-22-2016
 Address: 2309 ALMA AVE Building I Apt #223
 City: Pueblo State: CO Zip: 81004
 Phone: 719415-7673 Email: _____
 School: GOAL ACADEMY DOWNTOWN Age: 17

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

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	✓	✓			✓	✓	
5pm-9pm							

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

Name Rebecca Padilla Phone 719-994-0135

Emergency Information:

IN CASE OF EMERGENCY PLEASE CONTACT: Darlene Elias
 PHONE: 719-415-7673 RELATIONSHIP: Mother

Parent signature required below:

I _____ give my teen _____
 permission to volunteer for the Pueblo City-County Library District.

 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 volunteered at the library before and I would like to volunteer again.*
2. Please list your hobbies, interests, clubs or other information you would like us to know about you: *I like video games, I like going to school, I like going on field trips with my school.*
3. How do you use the library? (homework, information, recreational reading, etc.)? *home work and checking out movies and going on the computers.*

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 *D'Shiquana Raczynski* DATE: *03-21-16*