

TEEN TEAM APPLICATION

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

Please fill out the following:

Name: Oceanna Arellano Date: 1-11-17
 Address: 1510 Pike Ave.
 City: Pueblo State: CO Zip: 81001
 Phone: (719) 870-8874 Email: ocean@ataub@gmail.com
 School: Stuyvesant Academy of Pueblo Age: 12

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							<input checked="" type="checkbox"/>
5pm-9pm						<input checked="" type="checkbox"/>	

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

Name Amanda Araluz (Teacher) Phone (719) 549-7490

Emergency Information:

IN CASE OF EMERGENCY PLEASE CONTACT: Sherri Garbiso
 PHONE: (719) 299-9097 RELATIONSHIP: Mom

Parent signature required below:

I Sherri Garbiso give my teen Oceanna Arellano
 permission to volunteer for the Pueblo City-County Library District.

Sherri Garbiso Date 1-12-17
 Signature of parent or guardian Date