IT Citeracy

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

Ideas · Imagination · Information

Please I	orint clearly and complete	an section	is. Applie	cants must b	e at lea	ist 18 years of a	ige.
NAME:	Patricia Swatek, PhD			DAT	re:J	lune 28, 2018	
	530 Morrison Ave		Pueblo	_STATE: _	CO	_ZIP:_ 81005	
	GAT ADDRESS 10 month		TEND PROFIL A N.	- WIRADO			
LIST PREV	IOUS ADDRESS(ES) IF N 5133 Eichelberger St, S						
	3100 Elcheibeiger Gt, G	t. Louis, WC	03103 (13	years)			
HOME PHO		EMAIL: swatek@gmail.com					
□ Elementary	□ Certificate			1m Master	negree	Urban Affairs	
□ Middle Scho	ol GASSOciate's Degree			_ LEPHD	₩hD Higher Education		
□High School		Sociolog	V	Other			
Lingii ocnoor	production of Degree	×					
SPECIAL Q	UALIFICATIONS OR SKII	LLS:					
Lifetime	MO Teaching Certification	on for Sec	ondary E	nalish			
	r experience includes teaching				sh as a S	Second Languag	Α
		.9		4		Joodina Languag	
WORK EXE	PERIENCE:						
Last or presen	t position:						
Last of presen	Saint Louis University	/	ecictant	Doan	9	t. Louis MO	
Employer	Can't Louis Oniversity	Position_	1001010111	City 8	x State	L. LOUIS IVIO	
Previous posit	ion:						
	ouis Public School Distric	Ctposition T	eacher	City 8	& State	St. Louis M	0
Employer		1 00111011		Oity C	x otate		
REFERENC	ES:						
	Mary Dodd Phone	314-60	3-7334	Dalatianakin	Fri	end	
Name	Phone	01100	0 7 00 1	Relationship_		Olia	
Name Debbi	e Gutierrez-Madarasphone	619-50	8-5253	Relationship_	Fri	end	
NameK	atie Savarin Phone	303-91	5-3088	Relationship_	Fri	end	
HAVE YOU	EVER BEEN CONVICTED	OF A CRI	MINAL O	FFENSE.	No		
					~~~		
if yes please ex	plain	·					
IN CASE	OF EMERGENCY PLEASE	CONTACT	r: Ch	ristopher Go	oddard		
PHONE:	415-519-6817	RJ	ELATIONS	HIP: S	on		

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 ye	s	yes	yes	yes	yes					
5pm-9pm ye	s	yes	yes	yes	yes					
How many ho	urs are y	ou intereste	ed in volun	teering? 1	-5 hrs	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 □ Other										
□Greenhorn Valley □Giodone □ Patrick Lucero □ Homebound										
What type of work would you enjoy doing at the library? Tutoring adults										
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 S	SIGNAT	URE:	eteins	e Sur	eleh		_DATE: _	6-28-18		
LIBRARY OFFICE USE ONLY										
DATE APPLICATION RECEIVED: INTERVIEW DATE:										
INTERVIEW CO	OMMENT	S:						***************************************		
VOLUNTEER A	SSIGNMI	ENT:								