



**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 18 years of age.

NAME: Robert L Buciak DATE: 8/4/17

ADDRESS: 557 S Falcon Dr CITY: Pueblo West STATE: CO ZIP: 81007-2759  
HOW LONG AT ADDRESS 5 months

LIST PREVIOUS ADDRESS(ES) IF NOT LONGER THAN 7 YEARS  
160 College St. N. Poultney VT 05764

HOME PHONE: 719 924 8251 WORK PHONE: — EMAIL: robbuciak@gmail.com

**EDUCATION:**

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

**SPECIAL QUALIFICATIONS OR SKILLS:** \_\_\_\_\_

**WORK EXPERIENCE:**

Last or present position:

Employer Retired Position \_\_\_\_\_ City & State \_\_\_\_\_

Previous position:

Employer Swanson Const Co Inc Position V.P. Construction City & State Alsip IL.

**REFERENCES:**

Name Beth Swanson Vendor Phone 708 388 0623 Relationship Employer

Name Ed Larson Phone 802 775-3639 Relationship Friend

Name Andy Dowaghy Phone 802-287-9693 Relationship Friend

**HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE:** No

If yes please explain \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE CONTACT:** \_\_\_\_\_  
PHONE: Deborah Buciak RELATIONSHIP: Wife

**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							
5pm-9pm							

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     Other \_\_\_\_\_

Greenhorn Valley     Giodone     Patrick Lucero     Homebound

What type of work would you enjoy doing at the library? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:**  **DATE:** 4/4/17

**LIBRARY OFFICE USE ONLY**

DATE APPLICATION RECEIVED: \_\_\_\_\_ INTERVIEW DATE: \_\_\_\_\_

INTERVIEW COMMENTS: \_\_\_\_\_

VOLUNTEER ASSIGNMENT: \_\_\_\_\_