

**PUEBLO CITY-COUNTY
LIBRARY**
Ideas • Imagination • Information

**TEEN TEAM
APPLICATION**

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

Please fill out the following:

Name: Rozalyn Carabell Date: 9/25/17
 Address: 1935 Comanche Rd
 City: Pueblo State: CO Zip: 81001
 Phone: 719-308-8071 Email: _____
 School: East High School Age: 15

Are you volunteering for school credit? If so, hours needed 80

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	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	

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

Name Jaime Gross Phone 719-321-3430

Emergency Information:

IN CASE OF EMERGENCY PLEASE CONTACT: Jessica Davis
 PHONE: 719-205-7660 RELATIONSHIP: Mother

Parent signature required below:

I Jessica Davis give my teen Rozalyn Carabell
 permission to volunteer for the Pueblo City-County Library District.

[Signature]
 Signature of parent or guardian

9/25/17
 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 have always found comfort in libraries.
I hope to gain knowledge from people training me and learning about programs the library offers the community.

2. Please list your hobbies, interests, clubs or other information you would like us to know about you:

I read, write, do gay-Straight Alliance.
I do archery, swim and tennis. I also play Viola.

3. How do you use the library? (homework, information, recreational reading, etc.)?

I use the library to find new books, do homework, get information. I used to come to the library everyday.

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: _____



DATE: _____

