

## TEEN TEAM APPLICATION

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

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Name: Seth Bowman					Date: _ 5-17-17			
Address:	154 Gar	unle in						
City: Pueblo State: 60 Zin: 81001								
City: Purblo State: CO Zip: 81001  Phone: (719) 214-4872 Email: bowmen 45.161 @grail. Com  School: East high 3chool.  Age: 15								
School: East high School.					Age: 15			
Are you volunteering for school credit? $\frac{1}{2}$ If so, hours needed								
Check the location(s) where you would like to volunteer: RawlingsBarkmanLambPueblo WestGiodonePatrick LuceroGreenhorn 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	1/				V			
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List one adult not related to you, whom we can contact for a reference.  Name Elizabeth Koehn  Phone 119-248-3714  Emergency Information:								
IN CASE OF EMERGENCY PLEASE CONTACT: Lydell Bowman								
PHONE: (719) 248-6945 RELATIONSHIP: Father								
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I Lya	ell Bou	mon	give n	ny teen		-		
I give my teen permission to volunteer for the Pueblo City-County Library District.								
Signature of parent or guardian  Date								
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'm looking to gain volunteer hours for school, plus I would like a career as I librarian comeday and this seems like the best way to start.

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

I like to read, draw, collect things, and make things with my hands.

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

Mostly rec-reading but sometimes nome work. I go there to hang out with Friends on occation.

## 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: Self Burnay DATE: 5-2477