

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: Skylar Everett Date: 5/30/18
 Address: 1494 W. Delaney Drive
 City: Pueblo State: CO Zip: 81007
 Phone: 719-320-3993 Email: skylareverett625@gmail.com
 School: Swallows Charter Academy Age: 13

Are you volunteering for school credit? no If so, hours needed _____

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							

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

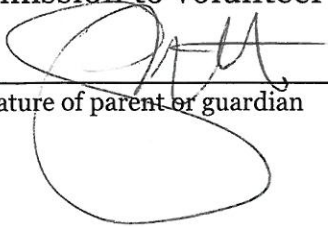
Name Lynette Quintana Phone (719) 778-4698

Emergency Information:

IN CASE OF EMERGENCY PLEASE CONTACT: Sarah Everett
 PHONE: (719) 320-3993 RELATIONSHIP: mom

Parent signature required below:

I Sarah Everett give my teen Skylar Everett
 permission to volunteer for the Pueblo City-County Library District.


 Signature of parent or guardian

5/31/18
 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 love books. I have always loved reading and it has always been my best subject in school. I hope to gain experience having a job and become more aware with what having one is like.

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

I love to read, write, and draw. I play volleyball and am in the Destination Imagination club, and I was previously in Student Government. I play the piano, and am very interested in music.

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

I use the library for recreational reading and sometimes for information and homework purposes.

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: 5/31/18