

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: Stephanie Rivera Date: 3/14/16
 Address: 69 Dick Trefz Street
 City: Pueblo State: CO Zip: 81001
 Phone: 719-214-8269 Email: Rivers0712@gmail.com
 School: East High School Age: 14

Are you volunteering for school credit? Yes 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						<input checked="" type="checkbox"/>	
1pm-5pm							<input checked="" type="checkbox"/>
5pm-9pm							

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

Name Pam Trujillo (School counselor) Phone 719-549-7225

Emergency Information:

IN CASE OF EMERGENCY PLEASE CONTACT: Benerito Ferris / Dad
Jacet Suarez
 PHONE: 315-405-5623 RELATIONSHIP: Mom

Parent signature required below:

I Benerito Ferris give my teen Stephanie Rivera
 permission to volunteer for the Pueblo City-County Library District.

Bb 2 Signature of parent or guardian 3/14/16 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 want to Volunteer at the library to help people choose books that interest them.
2. Please list your hobbies, interests, clubs or other information you would like us to know about you: I'm going to try out for cheer-leading, right now I do tumbling.
3. How do you use the library? (homework, information, recreational reading, etc.)? I use ~~to~~ the library to find books that interest me, or if I need a quiet place.

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: Stephanie Rivera DATE: 3/14/16