

## 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: Stell	ogin Schreibi	DATE: 1-15-16
ADDRESS:33	west Sons spaller	CITY: Puzblo west state: 20 zip: 8/007
		KPHONE: 90/-497-9274 EMAIL: Schreiber Stephangyahour
EDUCATION:  □ Elementary  □ Middle School  ☑ High School	□Associate's Degree □Bachelor's Degree	□Master's Degree □PhD □Other
SPECIAL QUALIF	ICATIONS OR SKIL	LS: HSD QUICK legraer
	n: In Schriler	Position 59/25 Man City & State Pueblo West  Position 59/25 Man City & State Pueblo West
Name	Phone_	Relationship
Name	Phone_	Relationship
Name	Phone_	Relationship
		OF A CRIMINAL OFFENSE: No
IN CASE OF EM	ERGENCY PLEASE	CONTACT:
PHONE:		RELATIONSHIP:

(over)

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			
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How many hours are you interested in volunteering? 24 per week/ per month			
How long do you wish to volunteer at the library?			
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? Storing thing of What  There is given to me.			
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: Strehon DATE: 1-15-16			
LIBRARY OFFICE USE ONLY			
DATE APPLICATION RECEIVED: INTERVIEW DATE:			
INTERVIEW COMMENTS:			
VOLUNTEER ASSIGNMENT:			