

# TEEN TEAM APPLICATION

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

**Please fill out the following:**

Name: Violet Deherrera Date: 5-19-2022  
 Address: 1276 N. Challenger Dr.  
 City: Pueblo West State: \_\_\_\_\_ Zip: 82007  
 Phone: (719) 250-2276 Email: Violet.rocks.12am@gmail.com  
 School: N/A  
 Age: 12 Minimum age requirement is 12 years old.

Are you volunteering for school credit? Yes If so, hours needed 8 hrs

**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					Yes		
1pm-5pm					Yes		
5pm-9pm					Yes		

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

Name Rachel Salazar Phone 719-562-5639

**Emergency Information:**

IN CASE OF EMERGENCY PLEASE CONTACT: Jeffrey DeHerrera  
 PHONE: (719) 250-0282 RELATIONSHIP: Father

**Parent signature required below:**

I Debbie DeHerrera give my teen Violet DeHerrera permission to volunteer for the Pueblo City-County Library District.

DD (Initial) I understand that if my child is under the age of 13 that he/she will be required to arrive with a parent or guardian to act as a chaperone and/or guide when volunteering.

Debbie DeHerrera  
 Signature of parent or guardian

May 19, 2021  
 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 need time for a merit badge, Citizenship in the Community,*

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

*I like cats.*      *I am a Scout*

*I like painting,*

*I am a cat lover,*

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

*For enjoyment,*

**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: *Violet Deherrera* *NONE* DATE: *5-19-2027*