



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 16 years of age.

NAME: _____ **DATE:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____ **EMAIL:** _____

EDUCATION:

- | | | |
|--|---|--|
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Certificate _____ | <input type="checkbox"/> Master's Degree _____ |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> Associate's Degree _____ | <input type="checkbox"/> PhD _____ |
| <input type="checkbox"/> High School | <input type="checkbox"/> Bachelor's Degree _____ | <input type="checkbox"/> Other _____ |

SPECIAL QUALIFICATIONS OR SKILLS: _____

WORK EXPERIENCE:

Last or present position:

Employer _____ Position _____ City & State _____

Previous position:

Employer _____ Position _____ City & State _____

REFERENCES:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE: _____

If yes please explain _____

<p>IN CASE OF EMERGENCY PLEASE CONTACT: _____</p> <p>PHONE: _____ RELATIONSHIP: _____</p>
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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							
5pm-9pm							

How many hours are you interested in volunteering? _____ per week / per month

How long do you wish to volunteer at the library?

- Less than a month 3-6 months More than six months For special events

Library Location Preference (check all that apply)

- Rawlings Lamb Barkman Pueblo West Homebound Satellite _____

What type of work would you enjoy doing at the library? _____

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: _____ **DATE:** _____

LIBRARY OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____ INTERVIEW DATE: _____

INTERVIEW COMMENTS: _____

VOLUNTEER ASSIGNMENT: _____