



TEEN TEAM APPLICATION

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

Please fill out the following:

Name: _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 School: _____ Age: _____

What position are you applying for? _____

Are you volunteering for school credit? _____ **If so, hours needed** _____

Check the location(s) where you would like to volunteer:

___ Rawlings ___ Barkman ___ Lamb ___ Pueblo West ___ Satellite

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 _____ Phone _____

Emergency Information:

IN CASE OF EMERGENCY PLEASE CONTACT: _____
PHONE: _____ RELATIONSHIP: _____

Parent signature required below:

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

 Signature of parent or guardian

 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?

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

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

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: _____