

# 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: \_\_\_\_\_ **Minimum age requirement is 12 years old.**

**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 \_\_\_ 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							
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.

\_\_\_\_\_ (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.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

