

**PUEBLO CITY-COUNTY LIBRARY DISTRICT**  
**VOLUNTEER APPLICATION**

*Please return to: Volunteer Coordinator,*

**Please print clearly and complete all sections. Applicants must be at least 18 years of age.**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**EDUCATION:**

Elementary  Certificate \_\_\_\_\_  Master's Degree \_\_\_\_\_

Middle School  Associate's Degree \_\_\_\_\_  PhD \_\_\_\_\_

High School  Bachelor's Degree \_\_\_\_\_  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: \_\_\_\_\_

\_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE CONTACT:** \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**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

Are you fulfilling a community service requirement? YES / NO

If yes: How many hours? \_\_\_\_\_ What is your deadline? \_\_\_\_\_

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     Giodone     Patrick Lucero

Greenhorn Valley     Library to You     Adult Literacy     Museum Program     Other \_\_\_\_\_

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

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**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:** \_\_\_\_\_