

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	/:S	STATE:	ZIP:	
HOME PHONE: _	WORK PH	ONE:	EMAIL:		
EDUCATION:					
□ Elementary	□ Certificate		□Master's D	Degree	
□Middle School	□Associate's Degree		□PhD		
□High School	□Bachelor's Degree				
	FICATIONS OR SKILLS: _				
Last or present position					
Employer	Positi	on	City & S	State	
Previous position:					
Employer	Positi	on	City & State		
REFERENCES:					
Name	Phone	R	elationship		
Name	nmePhone		Relationship		
Name	Phone	R	telationship		
HAVE YOU EVER	R BEEN CONVICTED OF A	CRIMINAL OFF	FENSE?		
11 yes, picase expidili:					

PHO	SE OF EMERGENCY PLEASE CONTACT: E: RELATIONSHIP:
	BILITY: Library hours are M-Th 9 am-9 pm, Fri & Sat 9 am-6 pm and Sun(Rawlings only) 1 pm-5 pm eck the days and times you are available to volunteer:
Trouse	on the days and thirds you are available to volunteer.
9am-1pm 1pm-5pm 5pm-9pm	Mon. Tues. Wed. Thurs. Fri. Sat. Sun.
How m	y hours are you interested in volunteering? per week / per month
•	alfilling a community service requirement? YES / NO es: How many hours? What is your deadline?
How lo	do you wish to volunteer at the library? □Less than a month □3-6 months □More than six months □For special events
Library	ocation Preference (check all that apply) Rawlings Lamb Barkman Pueblo West Giodone Patrick Lucero
□Gree	orn Valley □ Library to You □ Adult Literacy □ Museum Program □ Other
What t	e 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.

I understand that the Pueblo City-County Library District reserves the right to screen volunteers, which includes a criminal background check, and will not accept a volunteer or anyone who would jeopardize any aspect of library service or safety of library staff and patrons.

APPLICANT SIGNATURE:	D	ATE:
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