

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: _____
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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

