



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: _____

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.

 Signature of parent or guardian

 Date

