



Laura Olson, Child Literacy Specialist
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DOUGLAS COUNTY CHAPTER



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Volunteer Application

Name _____ Phone _____ (home)
_____ (cell) _____ (work)

Home Address _____
_____ (City) _____ (State) _____ (Zip)

How many years have you resided in Colorado? _____ What state previously? _____

Email Address: _____ Date of Birth _____

Person to be notified in case of an emergency? _____

Address _____ Phone _____

Why do you want to be a Spellbinder? _____

Preferred Area(s) for Volunteer Spellbinder (*Circle all that apply*):

- Parker
- Castle Rock
- Highlands Ranch
- Larkspur
- Franktown
- Cherry Valley
- Roxborough
- Sedalia
- All of Douglas County

Send completed form to: Laura Olson
Douglas County Libraries
100 S. Wilcox St., Castle Rock, CO 80104
303-688-7626
lolson@dclibraries.org

Office Use Only:

Training Compl: Date _____ Init. _____ Background Chk: Date _____ Init. _____ Badge ordered: Date _____ Init. _____