HIGHLAND PARK PUBLIC LIBRARY

Parent Consent to Minor’s Participation as a Library Volunteer

Inasmuch as ________________________ is under age 18, I/we, hereby consent to and approve of Participant’s participation as a volunteer at the Highland Park Public Library.

Name: ____________________________________________
Parent or Guardian’s Printed Name

Signature: _________________________________________
Parent or Guardian’s Printed Name

Name: ____________________________________________
Parent or Guardian’s Printed Name

Signature: _________________________________________
Parent or Guardian’s Printed Name

Date Signed: ________________

Person to call in case of emergency: _______________ Phone Number: _______________

Alternate emergency contact: ________________ Phone Number: ________________