



Required if volunteer is age 17 or under

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
Participant
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: _____