

Marble Falls Public Library
Parental Consent form for Volunteers Under 18 Years of Age:

Date: _____

Name of Applicant: _____

Name of Parent or Legal Guardian: _____

Contact Information:

Address: _____

Phone Number: Day: _____ Evening: _____

Cell: _____

Email Address: _____

I, _____, am the parent or legal guardian of _____
and give permission for him/her to volunteer at the Marble Falls Public Library.

Parent/Legal Guardian Signature: _____ Date: _____

I understand that I am making a commitment to work my assigned time. If I am unable to work, I will Notify the Library immediately. If I no longer want to volunteer, I will notify the Library director.

Volunteer Signature: _____ Date: _____