TEEN VOLUNTEER
PARENTAL PERMISSION SLIP

Georgetown Public Library
402 W. 8th St.
Georgetown, TX 78626
512-930-3551

I, ___________________________________, Parent/Guardian Printed Name
give permission to my child to volunteer at Georgetown Public Library. I certify that my child is in good health and can participate in all activities with reasonable accommodations. I am familiar with the type of volunteer work that my child will do and the circumstances under which such work will be performed as defined in the Teen Volunteer Program Information handout.

I understand that reasonable measures will be taken to safeguard the health and safety of volunteers, and that I will be notified as soon as possible in case of an emergency. However, in case of illness or accident, I will not hold the City of Georgetown, my child’s supervisor, or fellow workers responsible. In case of illness or accident, I authorize the calling of my child’s parent/guardian or emergency services.

__________________________________________________
Parent/Guardian Signature

____________________
Date

Revised 9/1/15  kp