

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