



Fargo Public Library  
Teen Volunteer Permission Form  
2025

Name (first and last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Current grade: \_\_\_\_\_

Emergency Contact

Name (first and last): \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I acknowledge that I am the parent/guardian of the participant on this form and I consent to my minor child volunteering at the Fargo Public Library. I understand that activities may be unsupervised.

Please list any physical limitations or medical conditions that may limit the type of work your minor child is allowed to perform at the library and if accommodations are needed:

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Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_