Fargo Public Library
Teen Volunteer Permission Form

Name (first and last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Age:_____

Emergency Contact

Name (first and last): _____

Relationship to Participant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

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:

_____

_____

_____

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.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____