



Campbell County Public Library

Consent for Juvenile Volunteers

Revised 26 Aug 05

Name of volunteer: _____ Age: _____

Name of Parent/Legal Guardian: _____

I understand that my child has agreed to provide volunteer services for the Campbell County Public Library. My child will be given a schedule for completion of duties. The duties of my child will be discussed with a designated supervisor. I understand that my child should notify the supervisor if there is any need to deviate from the determined schedule or duties required.

I have been provided with a copy of the Volunteer Manual and agree to discuss these policies with my child.

For children under the age of twelve, I understand that adult supervision must be provided at all times. The Library is not responsible for providing this supervision.

Signature of Parent/Legal Guardian Date