

Teen Volunteer Permission Form

VOLUNTEER NAME:		
	First	Last
Parent/Guardian Name: _		
Relationship:		Phone:
Email:		
As a volunteer, I agree: 1. To accept the gu	idance and decisions of the	e staff,
e	function of the paid staff, a rithin the bounds of volunt	maintain smooth working relationships with teer responsibilities.
volunteer hours		in with the staff upon arrival at work. To record et. To inform my supervisor as soon as possible if
dignity and integ	grity of the library with the	to patrons and employees. To maintain the public and patron confidentiality which is discuss any patrons by name or their material
Applicant Signature:		Date:
Signature of Parent or Guar	rdian:	Date:

Please return this form to:

Bridgett Adrian, Volunteer Coordinator Benbrook Public Library 1065 Mercedes St Benbrook, TX 76126 817.249.6632

If you are planning on attending an orientation session, you may bring the form then. However, this form must be filled out and returned before signing up for any volunteer shifts.