



If you are under the age of 18, a parent/guardian must complete the following:

I am aware that _____, a minor child, is requesting to volunteer at
(volunteer name)
the Library. I further understand that as the parent/guardian, I am responsible for
arranging for transportation for my child.

Parent/Guardian name (please print): _____

Parent/Guardian signature: _____ Date: _____

Parent/Guardian best phone number: _____

All applicants must agree to (and check) the following:

*I understand and agree that any misrepresentation by me on this application will be
sufficient cause for cancellation of this application and/or ending my volunteer activity.*

*Submission of this application does not guarantee volunteer hours; volunteer opportunities
are limited.*

*I understand that information regarding this application will be emailed to me and I am
responsible for checking (and responding to) my email.*

*All volunteers must read and sign the Library's Prevention of Abuse and Molestation Policy
prior to volunteering at the first scheduled session.*

Applications expire after 90 days.

Applicant signature: _____ **Date:** _____

*Please return the signed application to the Circulation (check-out) desk.
Thank you for your interest in the Clifton Park-Halfmoon Public Library!*