By signing this form, I agree to let my child volunteer at the Worth-Pinkham Memorial Library in Ho-Ho-Kus. I have read and understand the Volunteer Guidelines (below).

Volunteer guidelines:

I. All volunteers must have returned a completed application AND a signed emergency contact information form/parent acknowledgement (if under 18) before beginning their service.

II. Volunteering is not a promise or guarantee of employment.

III. Volunteers must be able to follow directions and work with little supervision.

IV. As representatives of the library, all volunteers must be dressed neatly and groomed properly. Attire must be library-appropriate (no offensive words or images, no rips or tears, no provocative outfits).

V. Volunteers may be asked to end their service at any time.

Child’s name: ______________________ Parent’s name: __________________________

Parent’s signature: __________________________ Date: __________________________

Emergency Contact Information

Please provide information that we may use to contact you and/or your family in case of an emergency (such as an unscheduled library closing or medical emergency).

Parent/guardian cell phone number: _________________________________________

Parent/guardian alternate phone number: ____________________________________

Other emergency contacts:

Name: _________________ Relationship: _________ Phone number: ______________

Name: _________________ Relationship: _________ Phone number: ______________