

Council Bluffs Public Library  
Teen Volunteer Parental Permission Form

Teen Volunteer's Name: \_\_\_\_\_

I acknowledge that I am the parent/guardian of the applicant on this form and I consent to my minor child volunteering at the Council Bluffs Public Library. I understand that activities may be unsupervised.

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:

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Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name (Please Print): \_\_\_\_\_

Date: \_\_\_\_\_

If you need more information, please contact Ali Storey, Teen Services Librarian Assistant at the Council Bluffs Public Library at 712-323-7553, ext. 4028 or email [teenvolunteers@councilbluffslibrary.org](mailto:teenvolunteers@councilbluffslibrary.org)

Please deliver this form to the service desk located inside Teen Central on or prior to your minor child's first volunteer shift. Your minor child will not be allowed to volunteer at the Library until this consent form is signed.