

# Hanson Public Library

## Volunteer Parental Permission

Child's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

I grant my child permission to volunteer at the Hanson Public Library.

Parent's Name: \_\_\_\_\_

Parent's Contact Information, if different from above:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_