

Lawrence Library
15 Main Street
Pepperell, MA 01463

Youth Volunteer Form

Date _____

Name _____ DOB _____

Address _____
Street City State Zip

Telephone _____ Email _____

Parent/Guardian _____ Relationship _____

Parent/Guardian contact telephone/email _____

Are you currently attending school? _____

If yes, what school are you attending and what grade are you in?

Are you volunteering to fulfill a community service requirement? _____

If yes, who is requiring the community service? _____

Number of hours and deadline for service hours? _____

When are you available for volunteer service?

Staff signature _____

Library Hours:

Monday- Thursday	10:00AM - 8:30PM
Friday	10:00AM - 5:00PM
Saturday	10:00AM - 2:00PM

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Pepperell, MA 01463

Youth Volunteer Consent Form

I, _____, as parent/guardian of _____,
(parent or guardian) (volunteer)
do hereby release and hold harmless Lawrence Library and agree to indemnify and hold harmless the Town of Pepperell from any and all liability, claims or causes of action that may arise for any accidents, injuries or illnesses that may occur to my child from his/her participation in the volunteer program. I waive any right of action I have against the Town of Pepperell in consideration of my child's participation as a volunteer for the Town. I also agree that Lawrence Library has permission to use my child's photograph or videotaped image in publicity about the library system activities.

I, _____, understand that in my capacity as a
(volunteer)
Town of Pepperell volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended.

Date _____

Parent/Guardian Printed Name

Parent/Guardian Signature

Youth Printed Name

Youth Signature
